A Scoping Review of Fathers with Mental Illness

by

Anne-Marie Baker Devost

Thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Nursing (MScN)

School of Graduate Studies
Laurentian University
Sudbury, Ontario

THESIS DEFENCE COMMITTEE/COMITÉ DE SOUTENANCE DE THÈSE

Laurentian Université/Université Laurentienne
School of Graduate Studies/École des études supérieures

Title of Thesis Titre de la these	A SCOPING REVIEW OF FATHERS WITH MENTAL ILLNESS
Name of Candidate Nom du candidat	Baker Devost, Anne-Marie
Degree Diplôme	Master of Science in Nursing

Department/Program Département/Programme	Nursing	Date of Defence Date de la soutenance	January 13, 2014

APPROVED/APPROUVÉ

Thesis Examiners/Examinateurs de thèse:

Dr. Phyllis Montgomery
(Supervisor/Directrice de thèse)

Prof. Sharolyn Mossey
(Committee member/Membre du comité)

Dr. Daniel Côté
(Committee member/Membre du comité)

Dr. Donald Rose
(External Examiner/Examinateur externe)

Approved for the School of Graduate Studies
Approuvé pour l'École des études supérieures
Dr. David Lesbarrères
M. David Lesbarrères
Director, School of Graduate Studies
Directeur, École des études supérieures

ACCESSIBILITY CLAUSE AND PERMISSION TO USE

I, **Anne-Marie Baker Devost**, hereby grant to Laurentian University and/or its agents the non-exclusive license to archive and make accessible my thesis, dissertation, or project report in whole or in part in all forms of media, now or for the duration of my copyright ownership. I retain all other ownership rights to the copyright of the thesis, dissertation or project report. I also reserve the right to use in future works (such as articles or books) all or part of this thesis, dissertation, or project report. I further agree that permission for copying of this thesis in any manner, in whole or in part, for scholarly purposes may be granted by the professor or professors who supervised my thesis work or, in their absence, by the Head of the Department in which my thesis work was done. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that this copy is being made available in this form by the authority of the copyright owner solely for the purpose of private study and research and may not be copied or reproduced except as permitted by the copyright laws without written authority from the copyright owner.

Abstract

Purpose: The purpose of this study was to examine the nature of the evidence addressing the fathering practices of men living with mental illness.

Method: A scoping review methodology, guided by the protocol of Arksey and O'Malley (2005), was used. Literature published between January 1, 2002 and December 31, 2012 was retrieved and 33 reports were extracted, aggregated and summarized.

Findings: Fathering practices were comprised of seven main topical categories: illness as impediment to fathering; non-illness impediments to fathering; father-mother relations; external informal and formal supports; availability of father to child; involvement of father with child; and, fathering for health, though rarely are fathering practices related to health outcomes.

Conclusions: The nature of the evidence reviewed illustrates the diversity of the current literature with little uniformity across the studies. Several gaps in research on fathers with mental illness continue to exist including research on paternal practices and associated health outcomes.

Key words: fathers, fathering practices, mental illness

Acknowledgements

It is with mixed emotions that I complete my graduate degree: pride in the accomplishment, gratitude in the knowledge that I could never have achieved such an endeavour on my own, and the nostalgia that comes with the turning of yet another life chapter.

On an academic level, I recognize how truly privileged I was to be under Dr. Phyllis Montgomery's guidance and mentorship. As my thesis supervisor, your high academic standards and professional yet pleasant and approachable demeanour provided a research environment that was challenging yet rewarding. Your commitment to the advancement of nursing knowledge and your tireless dedication to the pursuit of evidenced-informed care and understanding of persons with mental illness were encouraging, inspiring, and affirming. Thank you, Dr. Montgomery, for your dedication to my learning and professional growth, for fostering my commitment to nursing research, and for the many, many hours of discussing, listening, reviewing, directing, supporting, and encouraging.

I would also like to acknowledge and thank the remaining members of my thesis committee for your contribution to this effort: Professor Sharolyn Mossey for your insightful comments, expertise, encouragement, and direction, all of which have been invaluable in the development and completion of this thesis; and, Dr. Daniel Côté and Dr. Donald Rose for providing a 'fresh set eyes' by reviewing my work and offering your recommendations.

My gratitude is also extended to all the professors of the Laurentian University School of Nursing with whom I have had the benefit of your expert instruction, which

served, in part, to aid in the development of my thesis. Also, to Mr. Ashley Thomson, Laurentian University librarian, whose guidance and proficiency in literature searching ensured, with confidence, a thorough review of the existing evidence.

On a personal level, I owe the greatest debt of gratitude to my husband, Noel Devost, whose selfless support and encouragement to follow my academic dreams never waned. You gave me the space I needed, sometimes at the sacrifice of your own desires and needs. I recognize my profound insufficient ability to express how deeply thankful I am for your friendship, love, and belief in me.

To my sons Matthew and Thomas, who, in their own unique ways, inspired my perseverance in accomplishing this degree. I thank you for the many challenging and intellectual discourses we've shared, which have served, at times, to prompt me to critically consider the foundations of my own ideals. I am proud of the young men you have become.

To my mother and father, Gisèle and Rod Baker, who taught me from a young age the importance of education, not only for personal growth and development but also as a means of understanding our complex and complicated world and, perchance, contribute to the advancement of humanity. Thank you for planting this seed many years ago and for inspiring, supporting, and encouraging my pursuit of knowledge.

To all my family members and friends, too numerous to list, who have stuck by me despite my many absences and the numerous times I've declined your invitations, I deeply appreciate the respect and understanding you afforded me during my graduate studies.

Finally, I dedicate this work to the memory of my grandmother, Mrs. Lucienne Rocheleau, who passed away on March 10, 2013. A woman well beyond her years, her strength of character and determination, as well as her altruistic care and concern for the ailing and those in need, has been a central source of inspiration and personal formation. I carry forward your memory and honour in all my nursing endeavours.

Table of Contents

List of Tables

List of Figures

Chapter 1

1 Introduction

Parenting is recognized as a highly valued role across human societies and cultural subgroups. Parenting has the potential to positively contribute to growth and development of individuals within the context of private family dynamics and broader community-based social structures. Although there is a plethora of literature about women's contribution to parenting, less is known about men's role in family development and well-being. In 2000, Lamb presented a historical overview of fatherhood research, which identified the prevailing and evolving father roles from the fifteenth century to the end of the twentieth century. Within the puritan era, fathers fulfilled the role of moral teacher and guide for their families. A father's purpose was to sculpt his children into decent, ethical, honourable, religious, and law-abiding beings. Subsequently, in the mid-nineteenth century, fathers' obligation for breadwinning motivated occupational pursuits beyond homesteading. In the era of the great depression, the role of fathers shifted to that of a strong masculine role model influencing the character and social development of family members, in particular the sons. In the 1970's, as mothers increasingly entered the workforce, the fathering role was re-conceptualized to include active nurturing. Fathers' tasks in day-to-day child-rearing and management of the home became necessary to sustain family functioning. Most recently, fathering has evolved to encompass both a physical and psychological presence in the lives of their children. Based on his historical overview, Lamb (2000) concludes that fatherhood is a complex phenomenon that is situated within a socio-cultural context.

Within the contemporary literature, groupings have emerged to represent the diversity of fathers including co-parenting fathers (Ravanera, 2008), part-time fathers (Cosson & Graham, 2012), single fathers (Janzen, Green, & Muhagarine, 2006; Wade, Veldhuizen, & Cainery, 2011; Weitoft, Burstrom, & Rosen, 2004), step-fathers (Castillo, Welch, & Sarver, 2010; Ravanera, 2008), ethnic fathers (Doyle, Joe, & Caldwell, 2012; Caldwell, Rafferty, Reischl, DeLoney, & Brooks, 2010, Sinkewicz & Lee, 2011), socially and economically disadvantaged fathers (McArthur, Zubrzycki, Rochester, & Thomson, 2006; Montgomery, Brown, & Forchuk, 2011; Williams, 2003), first-time fathers (Condon, Boyce, & Corkindale, 2004), fathers with substance use issues (Lewis & Petry, 2005), fathers at risk for child abuse (Kaplan, Sunday, Labruna, Pelcovitz, & Salzinger, 2009; Lee, Guterman, & Lee, 2008), imprisoned fathers (Murray, Farrington, Sekol, & Olsen, 2009), and stay-at-home fathers (Doucet, 2004). In addition, a body of literature has identified a subgroup of men who experience mental health challenges concurrent with fathering (Bartlett, 2004; Bebbington, Meltzer, Bhugra, Jenkins, Farrell, & King, 2007; Berg-Nielsen, Vikan, & Dahl, 2002; Caton, Cournos, & Dominguez, 1999; Cooper et al., 2008; Fitzgerald, Roy, Anderson, & Letiecq, 2012; Thomas & Kalucy, 2003). The myriad of fathering subgroups within contemporary literature emphasizes the dynamic interplay of social, economic, cultural, historic and health-related variables on a man's fathering.

Fathering has been positively associated with men's mental health and psychological well-being (Bartlett, 2004; McMahon & Giannini, 2003; Styron, Pruett, McMahon, & Davidson, 2002). The centrality of fathering in the lives of many men engenders a sense of fulfillment and meaning (Ackerson, 2003; Lamb, 2000; Marsiglio &

Cohan, 2000; McArthur, Zubrzycki, Rochester, & Thomson, 2006; Nicholson & Blanch, 1994). Helbig, Lampert, Klose, and Jacobi (2006) reported an association between fatherhood and lower risk of psychiatric morbidity, particularly depression and substance use disorders in comparison to non-fathers. Several authors have identified the need to further understand fathering and psychological well-being, described as a neglected area of study (Canadian Mental Health Association, 2007; Coley, 2001; Daniel, 2004; McMahon & Rounsaville, 2002; McMahon, Winkel, & Rounsaville, 2008; Plante et al., 2002; Styron, Pruett, McMahon, & Davidson, 2002). In a recent systematic review, fathers' involvement in child-rearing was reported to positively affect children's social, behavioural, psychological, and cognitive outcomes (Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). The authors recommended the need for professionals to assess, encourage, and enable father involvement with their children. Further, these authors identified the need for clarity regarding the understanding of effective father involvement.

Connell and Goodman's (2002) meta-analysis found an association between paternal psychopathology and externalizing behaviours of children. Similarly, more recent literature reviews identified the negative impact of paternal mental illness and associated behaviours on children's' development, functioning, and health (Geulayov, Gunnell, Holmen, & Metcalfe, 2012; LeFrancois, 2012). Brumariu and Kerns (2010), in another review of the literature, found that impaired father-child and mother-child attachments had comparable outcomes for children's present and future mental health, most particular to anxious and depressive symptoms. In addition, familial and spousal dynamics including: quantity and quality of involvement with children, co-parenting

practices, spousal relations, communication, socio-economic resources, and health practices, contribute to child health outcomes (Berg-Nielsen, Vikan, & Dahl, 2002; Johnson, Cohen, Kasen, Smailes, & Brook, 2001; Kane & Garber, 2004; Spector, 2006; Webb, Abel, Pickles, Appleby, King-Hele, & Mortensen, 2006). Thomas and Kalucy (2003) reported that parents with severe mental illness relied heavily upon external resources for support. In the absence of quality support, the well-being of children and the general household was compromised, at times without parental insight. Hearle, Plant, Jenner, Barkla, and McGrath (1999) cautioned that parents with psychosis recognize the needs for formal services but are fearful of child removal and thus rely on informal supports.

In a recent national survey of Australians living with psychosis, one in 10 men was reported to be coupled (Morgan, Desai, & Potenze, 2010). Approximately one quarter of these individuals had children, six percent of whom cohabitated with a dependent child. Several North American cohort studies suggest an approximate rate of fathering amidst mental health challenges ranging from eight to 20% (Caton, Cournos, & Dominguez, 1999; Herman-Stahl et al., 2008; Nicholson, Nason, Calabresi, & Yando, 1999). In Canada the proportion of men between the ages of 15 to 44 who met criteria for major depression during the previous 12 months was 4.0 to 4.5, while the lifetime rate was 6.6 to 10.4 (Statistics Canada, 2002). Such findings suggest that men are at risk for depressive disorders during the child-rearing years. At present however, there are no Canadian databases that detail the prevalence of men who father and live with mental illness.

Despite this data gap, there is acknowledgment that this subgroup of fathers exists, and further, they require targeted attention to address their unique needs. Within the last year, the Mental Health Commission of Canada's (2012) strategic plan called for health providers, funders, and service planners to address the needs of individuals with mental illness and their families through the strengthening of life skills, functioning, community integration, and housing stability.

1.1 Purpose

The purpose of this scoping study is to examine the nature of the evidence addressing the fathering practices of men living with mental illness. The results have the potential to inform psychiatric community mental health nurses who provide professional services to men with mental illness who are currently fathers and those who desire fatherhood as a valued life role.

Chapter 2

2 Methods

There is general consensus in the health literature that there is a paucity of evidence about men living with mental illness who parent their dependent children in comparison to mothers (Blegen, Hummelvoll, & Severinsson, 2010; Chin, Hall & Daiches, 2011; Ramchandani & Psychogiou, 2009; Wilcox & Kline, 2013). In order to examine the nature of the evidence addressing the fathering practices of men living with mental illness a metasynthesis was conducted. Metasynthesis involves a systematic process of identifying relevant literature that will ultimately provide answers and suggest new directions for practice based on what is known and not known about a phenomenon (Jones, 2007; Paterson, 2013; Saini & Shlonsky, 2012). Scoping, a type of metasynthesis, was selected to best describe the patterns within the published literature. Arksye & O'Malley (2005) suggest that a scoping study is particularly suitable when the emergent field of inquiry is complex and there is a need to comprehend the core features of a body of evidence. Such is the case for the topic of inquiry in this thesis, warranting an exploration of the nature of evidence concerning fathering with mental illness. In this chapter is a description of the scoping methods used in this thesis.

2.1 Design

In the broadest sense, scoping reviews are similar to systematic reviews given that both involve a rigorous and transparent approach to evidence identification, collection, and analysis. The specificity of the guiding research question typically differentiates a scoping from a systematic review. Scoping reviews do not always seek to answer a narrowly focused research question, common to systematic reviews, but rather focuses on

a broad body of evidence inclusive of various research designs (Arksey & O'Malley, 2005; DiCenso, Guyatt, & Ciliska, 2005). Scoping aims to examine a general topic guided by a 'grand tour' research question to ascertain the breadth and depth of evidence (Arksey & O'Malley, 2005; Davis, Drey, & Gould, 2009; Levac, Colquhoun & O'Brien, 2010).

Scoping reviews also differ from systematic reviews in relation to the appraisal of quality and the exclusion of evidence (Arksey & O'Malley, 2005). Scoping can be characterized by a bias of inclusion since "critical appraisal would not be necessary if the purpose of the review is to … determine the nature and scope of existing literature" (Evans, 2007). In this scoping review, article inclusion was based on an adapted relevancy criteria scale outlined in Prodinger and Magalhaes' (2010) review of work-related rehabilitation (Table 1). Given that the purpose of a scoping design is to synthesize a body of evidence, applying a rating scale to assess relevancy in view of this study's purpose seemed appropriate.

Table 1: Rating scale for evaluating relevance of studies

Rating category	Description
5 Exceptionally relevant	Primary research study focusing on the fathering practices of men with mental illness and associated health outcomes
4 Fairly relevant	Primary research study focusing on the fathering practices of men with mental illness symptoms
3 Moderately relevant	Primary research study focusing on men with mental illness who are not actively fathering their children
2 Somewhat relevant	Article focusing on fatherhood in general
1 Not relevant	Anecdotal article addressing parental practices, at the exclusion of fathers, and child psychopathology

The scoping design used in this thesis was guided by the protocol of Arksey and O'Malley (2005). From their perspective, scoping involves the systematic identification,

descriptive analysis, and re-presentation of a body of scholarly literature to determine the state of the knowledge in a particular area (Arksey & O'Malley, 2005; Armstrong, Hall, Doyle, & Waters, 2011; Davis, Drey, & Gould, 2009). Recently, this method has been used by other nurse researchers in their examination of diverse topics within administrative, clinical and educational domains of nursing (Bish, Kenny, & Nay, 2012; Hooker, Ward & Verrinder, 2012; Roberts, Irvine, Tranter, & Spencer, 2010). Such work demonstrates the utility of scoping reviews as an iterative process for the aggregation of findings to capture the breadth of existing evidence. The synthesis of accumulated knowledge in a specified period of time offers a sense of the whole with regards to studied populations and methods of investigation. In addition, scoping yields understanding about the existence of knowledge gaps that warrant further nursing inquiry (Finfgeld, 2003; Saini & Shlonsky, 2012).

Arksey and O'Malley (2005) identified the five essential components within a scoping design. These include: 1) identifying the research question; 2) identifying relevant studies; 3) selecting relevant evidence; 4) charting the evidence; 5) collating, summarizing, and reporting results. Each component will be address sequentially, but in reality this process was iterative.

2.2 Identifying the research question

The question of this study's scoping review was, "What are the fathering practices of men with mental illness responsible for dependent children?" Given that this exploratory question addressed a target population and fathering behaviours, the researcher anticipated that both quantitative and qualitative studies would be included in the overall review.

It is generally accepted that fathering, distinctively different from mothering styles, influences their children's health (Wilcox & Kline, 2013). Although there is a large volume of literature addressing the adverse risks of pathological and sub-optimal environments on children's health, more recent evidence shows the measurable benefits made when challenging parenting environments are enriched. Olds et al. (2010) found that early and supportive nurse home visiting can positively affect the life course development of parents in disadvantaged circumstances. Thereby, it seemed logical to begin by comprehending a specific sub-group of fathers. The presence of mental illness may influence their fathering practices directly or indirectly secondary to illness-associated disabilities such as limited socio-economic resources. To avoid the reductionistic 'parent negative children's welfare effect model,' Palkovitz (2013) emphasizes the importance of recognizing parents' situatedness as they enact typical paternal behaviours such as providing, nurturing, teaching, and protecting.

Although mental illness is an encompassing term of signs and symptoms, its implications are often subjective. Though men and women present similar attitudes about mental illness, such as the perception of dangerousness, the desire for social distancing and discrimination of the mentally ill, men, influenced by social norms of traditional masculinity, more frequently tend to place blame on individuals for their illness and perceive mental illness and help-seeking as a weakness (Holzinger, Floris, Schomerus, Carta, & Angermeyer, 2012; Moller-Leimkuhler, 2002). Also, Holzinger et al. found that men were less likely to support psychosocial conceptualizations of mental illness.

In this study, mental illness was defined as having a primary psychiatric diagnosis of more than one year duration resulting in functional disability (Ministry of Health and

Long Term Care, 1999). To generate the breadth of knowledge particular to the fathering practices of men living with enduring psychiatric diagnoses and disabilities, from the beginning of the scoping review, the researcher recognized the need to cast a wide net to minimize the risk of missing relevant reports.

2.3 Identifying relevant studies

Studies were identified in consultation with a university librarian. The academic electronic databases searched included CINAHL, Proquest Nursing and Allied Health Source, MEDLINE, PsycInfo, and Science Citation Index. The published international, primary studies must have been written in English and published between January 1, 2002 to December 31, 2012. The year 2002 was chosen as the start of the timeline in response to a call to understand and support fathers with mental illness given the scant literature (Styron, Pruett, McKahon & Davidson, 2002). Thereby, the researcher wanted to obtain studies that may have not been included in the review as a result of a delay between manuscript submission and publication date.

The terms father*/paternal were used with Boolean words such as *and* and *or* to combine the population of interest with mental illness / psychiatric, mental health, mental disorder to further focus the search. Then, due to the nuances of each of the academic databases, specific mental health diagnoses were use. These included, psycho*, depress*, anxiety, PTSD, posttraumatic stress, obsessive compulsive disorder, schizo*, bipolar, and substance/ alcohol* use. Such terms were also combined with emerging contextual keywords such as postpartum, postnatal, homeless*, lone or single, *and/or* low income (Table 2). Identified articles were saved in the referencing software RefWorks. The total number of articles identified and retrieved was 12,498. Following removal of the 646

duplicates, 11,852 articles remained. Rapid evaluation of relevancy of articles' key words, titles, and type eliminated non-research, non-father, non-mental health focused articles. After nearly six months, the total number of studies rating a 3 to 5 on the relevancy scale was 1,062. The most common reason for a rating between 1 and 2 was the articles' focus on child health and social outcomes in relation to 'parental psychopathology' involving samples of mothers. Further, studies specific to the practices of fathers in disadvantaged circumstances such as poverty or insecure housing that did not necessarily include a specific paternal mental health or illness measure were excluded. Although there is general consensus by authors that the presence of parental psychological distress can negatively impact on their children's health outcomes through disruptions to parenting, Smith (2004) emphasized that:

it is clearly not the only mechanism by which parental mental health may impact on children, but the importance of it as a mechanism is that, unlike genetic influences for example, it offers some potential to modify outcomes – that is, to intervene to reduce or minimize the disruptions to parenting that result from mental health problems in one or both parents (p. 10).

Table 2: Number of articles published from January 1, 2002 to December 31, 2012 using various search terms

Search Terms	CINAHL	Proquest Nursing & Allied Health Source	PsycInfo	MEDLINE	Science Citation Index
Mental illness / psychiatric	44	131	494	35	36
Mental health	52	84	551	54	25
Mental disorder	22	38	223	7	33
Psycho*	204	250	2642	226	120
Depress*	133	179	1263	103	66
Anxiety	82	74	670	60	28
PTSD	9	7	75	13	4
Posttraumatic stress	6	3	26	3	3
Obsessive compulsive	4	5	59	0	9
Schizo*	8	42	216	32	24
Bipolar	3	12	70	7	12
Substance use	34	55	379	48	25
Alcohol use	57	115	600	95	27
Context					
Postpartum	39	57	239	27	27
Postnatal	36	45	175	56	31
Homeless*	1	7	27	3	1
Lone or single	72	179	639	279	75
Low income	33	59	350	15	10
Total number of reports across the five databases = 12,498					
Total number of reports remaining following removal of duplicates = 11,875					
Total reports remaining following rapid evaluation of relevancy =1,062					

2.4 Selecting relevant studies

Besides relevancy, strict screening criteria were not initially imposed in order to acquire a sense of the body of evidence, a strategy recommended by Arksey and O'Malley (2005). Post hoc definition of refined inclusion and exclusion criteria (Table 2) was possible with increased familiarity of evidence published in the recent years. For example, at that beginning of searching for articles, relevancy was based on fathers with a mental diagnosis. It soon became apparent, however, that paternal health and practices were collected from samples of biological mothers, their children, and/or clinicians and not the fathers' voice. At the outset of this thesis, the researcher assumed that fathers, competent to provide research consent, would be best positioned to provide data concerning their fathering practices and hence, would receive at least a rating of 4 on relevancy for inclusion.

Published researchers used either community or clinical samples of fathers and therefore, both types of study samples were included in this scoping review. This seemed particularly prudent given that men with mental health challenges often suffer in silence preferring not to seek mental health services (Canadian Mental Health Association, 2007). A clinical sample was characterized by fathers with an Axis I mental diagnosis in accordance with a version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2000) or the International Classification of Diseases produced by the World Health Organization (World Health Organization, 2010). Studies involving men with concurrent mental illness and alcohol use were included as research shows that 37 per cent of people with an alcohol disorder will also have a mental health disorder and 40 to 60 per cent of people with a mental illness will have a substance

use problem at some point in their lives (Centre for Addiction and Mental Health, 2006). The search identified numerous primary studies addressing paternal mental health during the prenatal or first year postpartum period. This condition was characterized as transitional in nature and therefore, excluded from the scoping review. Further, there are several recent systematic reviews of this phenomenon (Clare & Yeh, 2012; Bradley & Slade, 2011; Chin, Hall, & Daiches, 2011; Wee, Skouteris, Pier, Richardson, & Milgrom, 2011; Paulson & Bazemore, 2010; Genesoni & Tallandini, 2009).

Table 3: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Fathers with any Axis I diagnosis or symptomatology, with or without concurrent alcohol abuse/dependence Fathers residing or not residing with child(ren) • Primary research study Mixed samples of mothers and fathers where distinction in findings is delineated so that provision of distinct information is possible Assessment of father-reported or observationally assessed paternal practices Fathers having children, regardless of gender, older than 12 months and younger than 18	• Fathers without mental illness Combined assessment of parenting behaviours for mothers and fathers Combined parental symptoms or diagnosis Mother- or child-reported paternal symptoms Mother-or child-reported paternal practices Studies limited to alcohol or substance use Men's transition to fatherhood and mental illness during the perinatal and first year postpartum period

Of the 1,062 studies with an initial 3 to 5 rating of relevancy, each study abstract was screened in accordance with the inclusion and exclusion criteria (Figure 1). Study abstract screening took approximately three months. This screening resulted in the removal of 646 (61%) despite their initial rating of relevancy. Of the remaining 416 studies, 333 (80%) were excluded following a full-text review secondary to insufficient details within study abstracts. The remaining 83 studies were again screened by the researcher and her supervisor to ensure all inclusion criteria were met. This resulted in

the removal of 52 (63%) articles as many did not specifically address fathering practices in the presence of mental illness or mental illness symptoms. The remaining number of articles was 30 (58%). To ensure comprehensive retrieval, the researcher then implemented the 'berry picking' strategies of reference checking, author searching, and hand searching selected psychiatric mental health journals or commonly cited journals (Sandelowski & Barroso, 2007) identified in the 30 articles. These included the *American Journal of Psychiatric Nursing, Archives of Psychiatric Nursing, International Journal of Mental Health Nursing, Journal of Psychiatric & Mental Health Nursing, Journal of Family Nursing,* and *Journal of Parenting, Science and Practice.* This yielded three additional studies. The total number of primary studies included in this scoping review was 33.

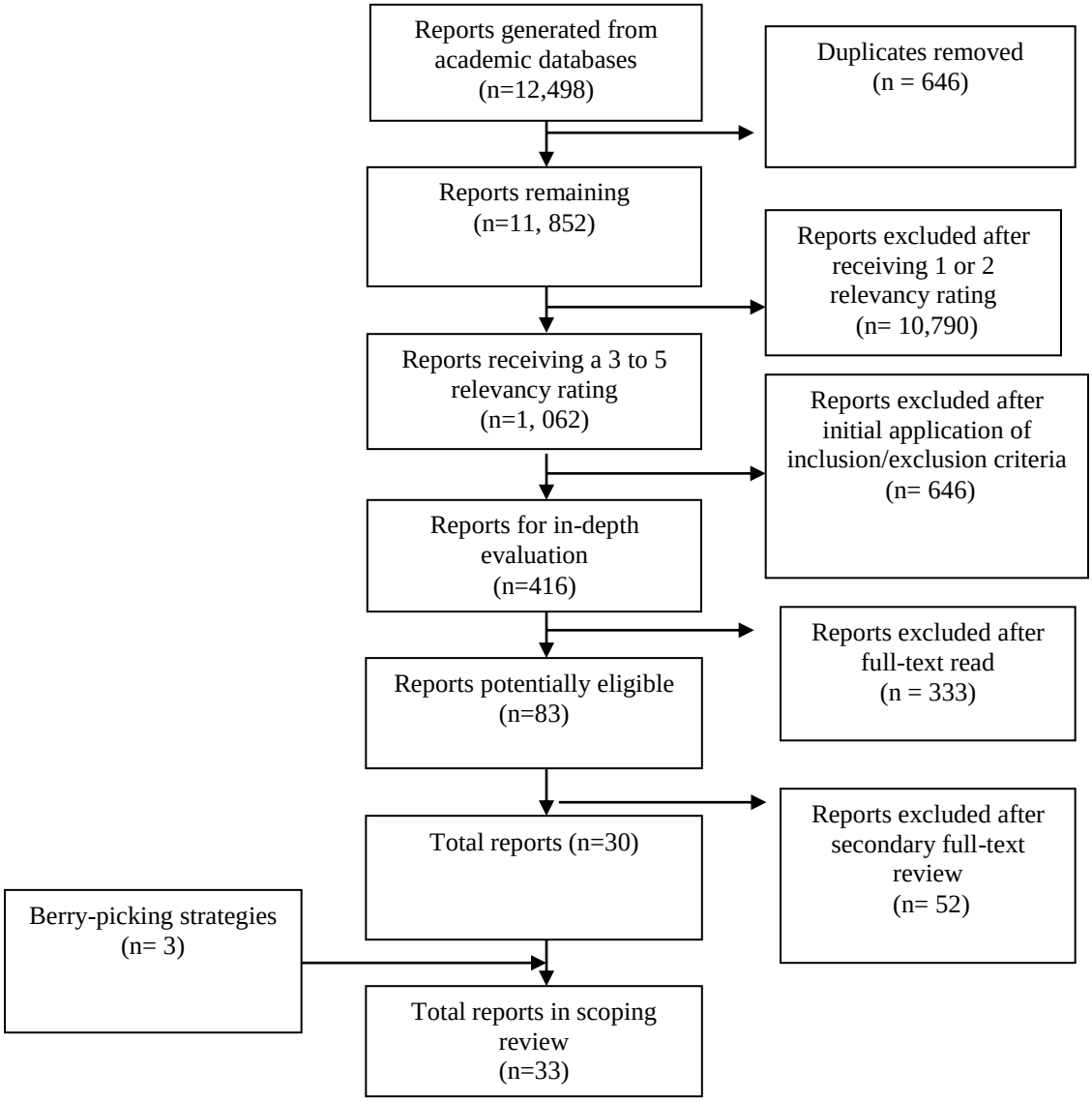

Figure 1: Systematic flow to selecting relevant studies

At this stage, there was much discussion between the researcher and her committee members to prevent the inclusion of material not specific to the guiding question. As the term fathering seemed to be used indiscriminately in the subset of relevant studies, it was beneficial to have regular conceptual discussions to ascertain a study's eligibility for inclusion. Ambiguity was also addressed by comparing a study

purpose against those studies that specifically measured mental challenges and fathering activities.

2.5 Charting the data

The aim of this stage is to extract and 'map' information relevant to the review's purpose (Arksey & O'Malley, 2005; Levac et al., 2010). That is, from each of the 33 studies included in the review, the fathering practices and associated health outcomes of men living with mental illness was tabulated in accordance with a standardized template. This template, devised after reviewing several published scoping reviews, is represented in Tables 4 through 7. By constructing this protocol prior to data extraction, the risk of researcher 'cognitive bias' or distortion of information was decreased (Hidalgo Landa et al., 2011).

Table 4 provides descriptive information of each of the studies. The charting of the study's introductory details provided a quick reference for the researcher given the heterogeneity of studies and results. Tables 5 and 6 organize detailed information specific to each study's methods. Table 7 presents the fathering practice and health results. Collectively, the four tables showcase relevant, quantified results drawn from vast amounts of information (Hidalgo Landa, Szabo, Le Brun, Owen, & Fletcher, 2011).

Much of the content in the four tables represents the words and statements as stated by the study's authors. To minimize transcription error, the researcher initially abstracted data to complete all of the tables. Then, the supervisor randomly and independently reviewed and repeated the process for a total of 13 randomly included studies. In case of a discrepancy concerning the specifics of a study, the second committee member reviewed it, provided commentary, and in collaboration with the

researcher, a decision was reached. Several authors identified that scoping reviews require a dedicated commitment of time and energy to ascertain a sound understanding of a topic's state of knowledge (Arksey & O'Malley, 2005; Davis et al., 2009; Hidalgo Landa, Szabo, Le Brun, Owen, & Fletcher, 2011; Levac, Colquhoun, & O'Brien, 2010). The meaning of this statement became increasingly apparent as the researcher read, re-read, presented, re-presented, and often consulted others to ensure accurate abstraction, management and representation of the included studies.

Table 4: Literature addressing fathers with psychiatric illness or symptoms (N=33)

Lead Author (Publication year), location	Discipline of lead author/ Departmental Affiliation	Aim(s)	Theoretical/ Conceptual	Design
Boursnell (2012) Australia	Health Education and Training Institute	Describe strategies parents use to manage illness and parenting	Risk	Life history
Caldwell et al. (2012) US	Health Behavior and Health Education	Examine relationships among masculinity ideologies, perceived discrimination, parenting behaviours, depressive symptoms, and drinking behaviours	Risk and resiliency framework	Secondary analysis of data from *Fathers and Sons* Project
Campbell et al. (2012) Australia	Psychology	Describe a clinical, social-demographic, family composition and child care arrangement profile of parents living with psychosis	Social determinants of health (housing, income, substance use, stigma, employment, functioning, social supports)	Secondary analysis of data from the second *Australian National Survey of Psychosis*
Jansen et al. (2012) UK	Child and Adolescent Psychiatry/ Psychology	Identify and compare determinants of parental harsh discipline.	Ecological theory of multiple parenting influences	Secondary analysis of data from a large Dutch cohort of the *Generation R study*
Lee et al. (2012) US	Social Work	Examine the relationship between paternal depression and risk for neglect of young children	Parenting risks for neglect	Secondary analysis of data from *Fragile Families and Child Well-being* study
Stover et al. (2012) US	School of Medicine	Examine the mediating role of paternal depression in relation to substance abuse and parenting	Not specified	Correlational
Harvey et al. (2011) US	Psychology	Examine the relationship between parental psychopathology and parenting practices	Family systems theory	Longitudinal
Kim (2011) US	Nursing	Explore the relationships between Korean American parental depressive symptoms and parenting	Parental acceptance-rejection theory	Cross-sectional correlational
Finger et al. (2010) US	Psychology	Examine relations between paternal alcoholism, psychopathology, harsh parenting, and marital aggression	Risks for harsh parenting	Secondary analysis of data from a longitudinal study

Davis et al. (2009) US	Child Health and Evaluation Research Unit	Determine the relationship between paternal depressive symptoms and extent of father involvement	Father involvement	Secondary analysis of survey data collected from *Fathers and Sons* Project
Middleton et al. (2009) US	Psychology	Examine relationships among parental depressive symptomatology, their parenting practices, and their ratings of children's behaviour problems	Parental psychopathology	Correlational
Reupert & Maybery (2009) Australia	Department of Rural and Indigenous Health	Explore the experiences of fathers with a mental illness	No specified	Discovery oriented qualitative approach
Schacht et al. (2009) US	Psychology	Examine the effects of paternal depression and alcohol use on marital conflict and their children's emotional insecurity	Family system	Longitudinal
Davé et al. (2008) UK	General Practice Research	Estimate levels of paternal depression, to assess the relationship between paternal depression and mother-reported child behaviour problems, and to explore relationships among parenting, marital quality, paternal alcohol use, and maternal psychopathology	Child development	Correlational
Evenson et al. (2008) UK	Assertive Outreach Team	Explore the experience of being a father with psychosis	Not specified	Qualitative
Francis & Wolfe (2008) Canada	Child Psychology	Compare a broad range of cognitive and affective factors between abusive and non-abusive fathers	Abuse	Comparison
Johnson et al. (2008) US	Psychiatry	Investigate relationships between parental psychiatric disorders evident by early adulthood and subsequent parenting practices	Child rearing	Secondary analysis of data from the *Children in the Community Study*
Jones et al. (2008) US	Community Intervention research	Examine predictive value of paternal psychiatric symptom severity and substance abuse for contact with minor child	Parent-child bonds	Secondary analysis of an randomized controlled evaluation of service programs
Liber et al. (2008) UK	Child and Adolescent Psychiatry	Investigate predictive value of parental anxiety and depression, child rearing style, and outcomes for children with anxiety disorders	Family system	Longitudinal study
Pihkala & Johansson (2008) Sweden	Psychiatric Clinic	Explore what depressed parents consider and perceive as obstacles and facilitators to involvement in family program	Beardslee's family intervention (FI)	Qualitative

Franck & Buehler (2007) US	Department of Child and Family Studies	Examine relationships among parents' depressive affect, marital hostility and adolescents' outcomes	Process model of family functioning	Cohort
Meadows et al. (2007) US	Center for Research on Child Wellbeing	Examine relationships among parental depression and anxiety and child behaviour problems across family types	Non-traditional family structure	Secondary analysis of data from *Fragile Families and Child Well-being Study*
Schudlich & Cummings (2007) US	Psychology	Examine relationships among parental dysphoria, mediating process, and child adjustment	Family systems	Cross sectional
Coley & Hernandez (2006) US	Applied developmental and educational psychology	Test predictive value of fathers' involvement with pre-school aged children in instrumental, behavioural and emotional realms	Father involvement	Secondary analysis of data from *Welfare, Children and Families* study
Leung & Slep (2006) US	Psychology	Examine relationships among depressive symptoms, anger, attributions for child misbehaviour, and discipline	Parent- compared to child-centered attributions	Cohort
Lindhout et al. (2006) Netherlands	Psychiatry	Compare the childrearing style of parents with and without anxiety disorders	Parent-child interactions	Secondary analysis of data from a longitudinal cohort of 7,775 children
Murray et al. (2006) US	Psychology	Examine the nature of parents homework interactions with the child	Parent-child interactions	Secondary analysis of data drawn from *Welfare, Children and Families*
Cummings et al. (2005) US	Psychology	Examine relationships among parental depressive symptoms, parenting, marital functioning, child gender and child outcomes	Family process	Cross-sectional
Low & Stocker (2005) US	Psychiatry	Examine relationships among parents' depressed mood, marital conflict, parent-child hostility and children's adjustment	Family dynamics	Observational – videotaped in laboratory

Papp et al. (2005) US	Psychology	Examine relationships among parental psychological distress, parenting qualities of acceptance, autonomy and firm control, and child adjustment	Child adjustment risks	Secondary analysis of data from a larger study focused on family processes and child development
Yoshida et al. (2005) Japan	Psychiatry	Compare the parental rearing attitudes of those with depression and obsessive-compulsive disorder to non-clinical parents	Parental reading attitudes by Parker	Cross sectional
Gartstein & Fagot (2003) US	Psychology	Investigate parental depressive symptoms, parenting, family adjustment and child outcomes	Parent Child interactions	Secondary analysis
Leinonen et al. (2002) Finland	Department of Clinical Medicine	Examine specific mediating paths between economic hardship and parenting	Family stress	Secondary analysis

Table 5: Measures of mental health, fathering practices and familial contextual variables (N =33)

Lead Author	Data Collection Approach	Data Collection Instruments		
		Psychiatric	Fathering Practices	Contextual
Boursnell	Semi-structured interviews with mental health clinician	Self-disclosed diagnoses	Talk about the severity of their mental illness and its risks for their children	
Caldwell et al.	Self-report	Center for Epidemiological Studies Depression Scale (CES-D) Study developed measure of frequency and quantity of drinking behaviour	11-item co-parenting scale to measure how often fathers agreed with their son's mothers about child rearing Adaptation of Social Networks and Adult Attachment Questionnaire to measure quality of relationship with son Paternal Social Functioning	Masculinity Salience Scale Everyday Discrimination Scale
Campbell et al.	33 module interview survey by mental health clinicians	Diagnostic Interview for Psychosis Multidimensional Scale for Independent Functioning	Series of questions about their children and their parenting such as childcare arrangements, caretaking responsibilities, contact with state community services, and rating of quality of caring for children in past 12 months	Accommodations, income, substance use, stigma, and social/occupational functioning
Jansen et al.	Self-reports by parents and review of medical records	Dutch version of Brief Symptom Inventory (BSI)	Various types of disciplining based on the Parent-Child Conflict Tactics Scale General Function scale of the McMaster's Family Assessment Devise	Parental education level, national origin, history of delinquency, substance use, family income, financial difficulties Parental age and child gender from medical records
Lee et al.	Interviews with both parents	Composite International Diagnostic Interview Short-Form (CIDI-SF) Heavy Alcohol Use by $\geq$ 4 drinks per	Neglect subscale of Parent Child Conflict Tactics Scale Parent Stress Index – Short Form	Items form the Conflict Tactics Scale for father-to-mother physical aggression

		day in past year	Fathers' self-reports of daily involvement with child and different types of care such as signing songs, showing physical affection, verbalizing affection, reading stories, assisting child with eating, and putting child to bed	Fathers self-reported perceived quality of relationship with child's mother Study-developed Index of Economic Hardship
Stover et al.	Interview and paper/pencil questionnaires	Michigan Alcohol Screening Test Drug-Abuse Screening Test Beck Depression Inventory (BDI)	Specific yes/no coded questions about interest in a parenting class, concerns about their child, and want to discuss parenting issues Parental Acceptance Rejection Questionnaire (PARQ) Short Form measuring frequency of warm-affectionate, hostile-aggressive, rejecting and neglectful parenting behaviours	Basic demographics (age, ethnicity, living with significant other, relationship status, employment, fatherhood status, number and ages of biological children)
Harvey et al.	Self-report and audio assessment	Millon Clinical Multiaxial Inventory – III	Parenting Scale Audiotape of interaction with children	Conflict and Problem-Solving Scales – Violence Form of the Conflicts and Problem-Solving Scales
Kim	Self-report	Korean version of CES-D	Parental Acceptance-Rejection /Control Questionnaire	
Finger et al.	Maternal and paternal reports when child age 48 months and extensive observational assessment at 12, 18, 24, 36 and entry to preschool	University of Michigan version of the Composite International Diagnostic Interview (UM-CIDI) DSM-IV criteria for alcohol abuse and dependency diagnosis Family History Research Diagnostic Criteria Fathers self-report of problem with alcohol or had been treated for alcoholism, currently drinking, and	Negative affect and high power control assessed during a 10 minute clean up exercise following 20 minute father-child building activity Self-reported over-reactivity measured by over-reactivity subscale of the Parenting Scale	Modified version of Conflict Tactics Scale (CTS) Index of Spouse Abuse Scale (ISA)

		had at least one alcohol-related problem in past year Anti-social Behavior Checklist CES-D		
Davis et al.	Self-report	CES-D	Father involvement measured by accessibility, engagement, closeness, monitoring, conflict management, and risk behaviour communication	Demographic information
Middleton et al.	Self-report	BDI – 2nd edition	Parent-Child Relationship Inventory	Child Behavior Checklist
Reupert & Maybery	In-depth individual, semi-structured interview	Initial questions about their diagnosis, its severity and chronicity	Questions about relationship with children, sources of support, coping strategies and needs as a parent	Start of interview, questions about their age, number and age of their children, marital status and visitation arrangements
Schacht et al.	Self-reports of parents	CES-D Parental Alcohol Experiences scale	Alabama Parenting Questionnaire Parental Acceptance-Rejection Questionnaire including a warmth and affection subscale	Conflict and Problem Solving Scale Security in the Interparental Subsystem Scale Child Behavior Checklist
Davé et al.	Parental questionnaires	Patient Health Questionnaire WHO Alcohol Use Disorders Identification Test	Early Head Start Research and Evaluation Project (EHS) father/child activity scale Other items from EHS to measure father responsibility, father parental stress and paternal role stress Father/child contact time Attitudes Towards Fathering scale	The Strengths and Difficulties Questionnaire Dyadic Adjustment scale Recent Life Events Socio-demographic data on age, marital status, employment status, housing tenure, care/van ownership, education, ethnicity and number of other children in household
Evenson et al.	Semi-structured	Had a diagnosis of schizophrenia,	Experience of being a father	

	interview	schizoaffective or another psychotic disorder		
Francis & Wolfe	Self-report	BSI State-Trait Anger Expression Inventory-2 (STAXI-2)	Parenting Stress Index – Short Form (PSI/SF) Interpersonal Reactivity Index (IRI) IFEEL Pictures	
Johnson et al.	Structured interview	Diagnostic Interview Schedule to assess anxiety, obsessive-compulsive disorder, depression and substance use Items from the Personality Diagnostic Questionnaire, Structured Clinical Interview	Items adapted from the Disorganization Poverty Interview to assess presence or absence of parental behaviours such as parental affection, communication, control, assistance, disciplinary consistency, physical punishment, possessiveness, praise, rejection, and time spent	
Jones et al.	Structured private interviews and self-report measures	Primary psychiatric diagnoses were retrieved from medical records and broadly classified as schizophrenia spectrum disorder, bipolar disorder or recurrent major depression Positive and Negative Syndrome Scale (PANSS) Presence of substance use through interviews and review of medical records and calls to health provider and family members.	Parent-child contact assessed rating residential proximity and frequency of contact with child	Demographic information about gender, age, ethnicity, and socio-economic status
Liber et al.	Structured interview	Anxiety Disorders Interview Schedule for DSM-IV	EgnaMinnenBetraffandeUppfostran, parent and child version Children Behavior Checklist	Anxiety Disorders Interview Schedule for DSM-IV child version Multidimensional Anxiety Scale

				for Children
Pihkala & Johansson	Semi-structured interviews	Not specified	Questions about motivation to participate in Beardslee's Family Intervention program and family's reaction	
Franck & Buehler	Parental mailed questionnaire, parental and youth self-report, and parental observation	BDI CES-D	Children Behavior Checklist Scales from the Iowa Family Interaction Rating Scales measures warmth/support, listener responsiveness, pro-social behaviour, quality time, positive influence, consistent monitoring and positive reinforcement	Observational rating scales from the Iowa Family Interaction Scale Teacher Report Form Youth Self-Report
Meadows et al.	Parental self-reports	Composite International Diagnostic Interview Short Form version 1.0	Subscale of Child Behavior Checklist	Parental disorder type, mother ill, father ill, both parents ill Relationship status measured by married, cohabitating, involved non-resident father, non-involved non-resident father Current and past poverty
Schudlich & Cummings	Mothers and fathers self-Report	CES-D Depression scale of the SCL-90-R	Revised Children's Reports of Parental Behavior Inventory, parent version Children Behavior Checklist	Children's Depression Inventory Revised Children's Manifest Anxiety Scale
Coley & Hernandez	Parental survey	BSI	Study-developed Paternal Commitments measuring household rosters and childbearing histories Paternal cognitive simulation, emotional support, competence, and instructional involvement scales adopted from other studies	Emotionality, Activity, Sociability and Impulsivity scale Fathers' Socio-demographic form Maternal Characteristics Items adapted from Early Head Start father study to measure parental conflict

Leung & Slep		BDI Anger Expression Scale of the State-Trait Anger Expression Inventory	Parenting Cognition Scale Parenting Scale measures laxness, overreactivity and verbosity	
Lindhout et al.	Interview and self-report	Dutch version of Anxiety Disorders Interview Schedule – Revised	Child Rearing Practices Report measures nurturance and restrictiveness styles, negative affect toward child, worry about the child and encouraging independence	EgnaMinnenBetraffende Upfostran (My memories of upbringing, parent version), child's perception of parenting style – rejection, emotional warmth, overprotection and favouring subject
Murray et al.	Parental structured interview, video recording, secondary analysis of educational databanks, and researcher/ teacher completed questionnaires	Structured Clinical Interview for DSM Diagnosis (SCID) National Adult Reading Test to measure parents' IQ	Parental involvement interview measuring participation in the child's school, in children's school-related and non-school based activities	Dyadic Adjustment Scale Three sets of math problems compiled from Primary Maths Bank Several Children's academic outcomes measures
Cummings et al.	Maternal, paternal and teacher reports	CES-D	Psychological control measured by a sub-scale of the Parental Behavior Inventory Parental emotional availability measured by sub-scale of Parental Acceptance-Rejection Questionnaire	Marital conflict measured by subscale of the O'Leary-Porter Scale Spousal Attachment Styles Questionnaire Children's adjustment measured by subscales of Child Behavior Checklist
Low & Stocker	Parental and	BDI	To measure hostility, adapted version of	Marital Interaction Coding

	child reports and observations		Colorado Adoption Project Family Coding System	System O'Leary-Porter Scale of Martial Conflict Adapted Family's Emotional Expressiveness Questionnaire Children Behavior Checklist
Papp et al.	Parental and child reported	90-item Symptom Checklist-Revised (SCL-90-R)	Margolies and Weintraub's Parental Behavior Inventory	Children rated parents' strictness and supervision using Index of Parenting Scale Child Behavior Checklist Children's Depression Inventory
Yoshida et al.	Self-report	Maudsley Obsessive-Compulsive Inventory	Parental Bonding Instrument	
Gartstein & Fagot	Parental report and observation	CES-D	Observations of parental coercive behaviours (directives, physical restraint, criticism) towards the target child Two different puzzle and route task interactions between parents and children	Demographic Information Interview measured number of children in home, type of residence, number of rooms in resident, family income, parents' occupation Child Behavior Checklist Child Behavior Questionnaire Family Events Checklist Dyadic Adjustment Scale
Leinonen et al.	Parental and child reports	General Health Questionnaire – 28	Modification of scales used in Iowa Youth and Families Project to measure authoritative, punitive, and non-involvement styles	Family Economic Hardship Family Economic Pressure Conger Quality of Marital

				Relationship

Table 6: Father sample characteristics (N = 33)

Lead Author	Sample characteristics								
	Sample size (n = fathers)	Categorization of fathers	Type of sample (parent clinical/ child clinical/ nonclinical)	Mean age (SD)	(%) marital status	Largest ethnic group	% with > high school	% Income	% employed
Boursnell	23 (n = 5)	Fathers with mental illness and caring for a child(ren) aged 0-18 years of age	Parent clinical	-	-	White	-	-	-
Caldwell et al.	332	Non-resident African-American fathers of preadolescent boys	Nonclinical	37.2 (7.7)	29 married or living with partner	African Am.*	78. 3 had ≥high school	56.4 reported barely or not enough	51
Campbell et al.	1825 (n =281)	Fathers with psychotic disorders and children under the age of 18 years	Parent clinical	38.2 (8.5)	33.8 Married or living with Partner	Australian	46.2 attained post-school	22% less than $499 UK	14.9
Jansen et al.	4856 (n = 3756)	Fathers of 3-year-old children	Nonclinical	34.2 (5.1)	-	Dutch	40.4 high school	19.1 < 2000 euros family income	-
Lee et al.	1089 (n = 129)	Neglectful and depressed fathers of preschool children with externalizing symptoms	Child clinical	28.6 (6.8)	100 married	African Am	59 ≤ high school	$44,101	89.2
Stover et al.	87	Biological father in the home when children 3- to 5- years of age	Parent clinical	35.4 (9.7)	45 living with partner	African Am	Average of 12.2 years of education	-	50
Harvey et al.	308 (n =126)	Biological father presenting for substance abuse treatment and has a	Parent clinical	36.5 (7.39)	84 married or living with Partner	European Am	13.7 years of education	-	-

		child less than 18 years of age							
Kim	99 (n =35)	Korean American fathers of 11 to 17 year old children	Nonclinical	45.1 (4.2)	-	Korean Am	Mean = 16.2 years	39% had > $80,001	46.2
Finger et al.	183 (n = 89 fathers with alcohol issues)	Fathers with alcohol abuse, depression and anti-social behaviors parenting toddlers and pre-schoolers	Parent clinical	32.9 (6.1)	88 married or living with partner	Caucasian	55 > high school	Mean = $41,824 annual family income	91
Davis et al.	345	Non-residential American fathers with sons aged 8 to 11 years.	Nonclinical	37.6 (7.6)	28.4 married or living with partner	African Am.	45.6 ≤high school	56.4 not or barely enough	49.9
Middleton et al.	111 (n = 37)	Fathers of children aged 2 to 8 years	Child clinical	36.5 (7.9)	60.8 married	Caucasian	Mean = 14.6 years of education	-	-
Reupert & Mayberry	11	Fathers with a diagnosis of schizophrenia, depression, anxiety or bipolar with children age 4 to 16 years	Parent clinical	-	54.5 separated from children's mother	Caucasian	-	-	-
Schacht et al.	235	Fathers living with their 6 year old children	Nonclinical	-	88 married	White	Md = 14 years of education	Md = $40,000-$59,000	-
Davé et al.	365	Biological, residential, fathers of children, aged 4 to 6 years, registered in six primary care settings	Child clinical	39.6 (5.6)	90 married	White	52 at lease a bachelor's degree	-	95
Evenson et al.	10	Biological fathers of one's children and a diagnosis of psychosis	Parent clinical	51	64 married or lives with	Caucasian	40	-	9

					partner				
Francis & Wolfe	49 (n = 23 abusive fathers)	Biological or Step-Fathers who's child aged ≤ 12 years in Child Protective Services	Nonclinical	38.4 (7.5)	47.8	Caucasian	39 not complete high school	52.4 <$20,000 household income	65.2
Johnson et al.	377 (n = 153)	Fathers with psychiatric disorders at ages 14 and 16, and 22.	Nonclinical	33.5 (2.7)	-	Caucasian	-	-	-
Jones et al.	45 (n = 15)	Fathers with a primary diagnosis of serious mental illness and one minor child	Parent clinical	-	-	Caucasian	-	-	-
Liber et al.	124 (n = 108)	Fathers of children aged 8 to 12 receiving anxiety depression outpatient services	Child clinical	43.1 (5.4)	-	-	-	-	-
Pihkala & Johansson	4	Fathers with depression who participated in FI in past year and had children aged 7 to 17 years	Parent clinical	44	75.0 living with parent	-	-	-	-
Franck & Buehler	416	Fathers in a marital relationship living in the home with sixth grade children	Nonclinical	-	100 two-parent families	European Am.	Md = some college	Md = $70,000	-
Meadows et al.	2120 (n = 353 non-involved non-resident fathers)	Fathers, of children aged 3 years, who were married, cohabitating, involved non-resident, or non-involved, non-resident fathers	Nonclinical	-	36.8 married	-	-	-	-
Schudlich & Cummings	262	Fathers with children aged 8 to 16	Nonclinical	-	97 married	Caucasian	98% completed high school	Md =$40,000 - $65,000	-

Coley & Hernandez	239	Fathers of low income who live with or not live with children aged 2 to 4 years	Parent clinical	30.4 (7.4)	75.0	Latino	Mean = 3.9 years	Mean = $1,094.6	Average 30 hours/wk
Leung & Slep	900 (n = 449)	Fathers living with partner and parenting child aged 3 to 7 years	Nonclinical	37.25 (6.0)	100 married or living with partner	Caucasian	Mean = 14.24 years	Mean = $74,000	95.6
Lindhout et al.	71 (n = 10 fathers with anxiety disorders)	Fathers with anxiety disorders and children aged 6 to 18 years	Parent clinical	45	48 married or living with	Dutch	-	-	-
Murray et al.	81	Fathers of 8-year-old children	Nonclinical	-	-	-	-	-	-
Cummings et al.	235	Fathers living with partner for at least 3 years and having one child in kindergarten	Nonclinical	36.8	100 together for at least 3 years	White	-	Range = $40,000 - $54,999	-
Low & Stocker	136	Fathers living with partner of school aged children	Nonclinical	-	100 two parent families	Caucasian	Mean = 15.6 years of education	On average, middle class	-
Papp et al.	277	Fathers living with partner for at least two years with their children aged 8 to 16 years	Nonclinical	-	97 married	European Am*	-	Md = $40,000 - $65,000	-
Yoshida et al.	226 (n = 78)	Fathers with varying intensity of mood and anxiety symptoms	Parent clinical	40.6 (13.0)	-	-	-	-	-
Gartstein & Fagot	159 (n =154 biological fathers)	Fathers present in the home with a 5-year old child	Nonclinical	34.9	100	Caucasian	Most often “some college”	Md = $21,000	-
Leinonen et al.	527 (triads of father,	Fathers of 12 year old children and living	Nonclinical	Md = 41	69.6 married	Finnish	25 university	-	85

	mother, child)	with economic pressures					degree		

*Am represents American

Table 7: Extracted findings specific to fathering (N =33)

Lead Author	Findings
Boursnell	Fathers were motivated by their parental responsibilities and valued their parental status. Fathers were concerned that their children were at increased risk for problems at school, drug use, poor social relationships, and social isolation. In turn such issues stressed their parenting abilities. During acute phase of their illness, perception that parenthood and mental illness were incompatible. Engaging with mental health services may create additional issues such as stigma and increased scrutiny. Overall, parents worried that discussion of their struggles may be interpreted as inability to parent and as a result, loss of child custody. Lack of coordinated and supportive services to address their needs increased their risk of marginalization as parents. Services were perceived as operating from a deficit perspective and therefore, the need to maintain a presentation of 'normality.' Fathers supported increased training and risk assessment skills of workers to minimize reinforcement of parental-blame, stereotypical images of 'good parent' and stigma.
Caldwell et al.	Non-resident fathers had elevated levels of depressive symptoms and alcohol use. On average, fathers typically adhered to culturally-based traditional, hegemonic masculinity, and interconnected masculinity identities. Paternal depressive symptoms were positively correlated with their perceptions of hegemonic masculinity beliefs, perceptions of discrimination, and negatively related with education, family economic status, culturally based traditional and interconnected masculinity beliefs and negative relationship with son. Parental drinking was negatively associated with education, co-parenting and quality of relationship with son. Less parental depressive symptoms were significantly associated with more culturally based masculinity after controlling for demographic factors. Hegemonic masculinity was only slightly associated with more depressive symptoms.

	Perceiving more discrimination was significantly associated with more paternal depressive symptoms. A more positive relationship with son was associated with less paternal depressive symptoms. The less time fathers lived with their sons before becoming non-resident the more paternal depressive symptoms they reported. Co-parenting was significantly associated with more depressive symptoms among fathers with high interconnected masculinity beliefs. Less drinking among fathers was significantly associated with quality of relationship with son. Fathers who had less than high school education and lived longer with their sons before become non-resident reported more drinking compared to their counterparts.
Campbell et al.	Fathers (69 %) were less likely to have dependent children living with them than mothers. Fathers, compared to mothers, were more likely to live with their own parents, supported group accommodation or experience homelessness. Nearly 65% of fathers had multiple episodes of psychosis. Fathers had significantly higher rates of schizophrenia and lower rates of bipolar/mania than mothers. In addition to psychosis, 70% of fathers had a life-time diagnosis of alcohol abuse/dependence and or cannabis abuse/dependence. Just over one quarter (27%) of the fathers had their own children under 18 years of age while the remainder had only adult children. Nearly 50% of the fathers reported being moderately to severely disabled by illness. Fathers with dependent children frequently self-identified a mild/somewhat level of disability (63%). Fathers with dependent children had significantly lower income than mothers. Their main source of income was a pension. One-third of fathers had paid employment in the past year. Fathers who lived with dependent children were more likely to have a stable relationship with partner compared to those who lived apart from children. The majority of fathers (87%) reported they had a support upon whom they could depend on if they had serious problems.

	Compared to mothers, fathers were less likely to identify a person they could confide in about their thoughts and emotions. Fathers who did not live with their children had a significantly higher overall global disability score compared to those who did live their children. Slightly over one fifth (22%) of fathers identified themselves as the primary parent and 45% shared equal responsibilities for parenting. Nearly one third (28%) of fathers were observed as having obvious or serve impairments in their ability to care for their child(ren). In 17% of cases, fathers parented children with behavioural and medical problems. Nearly one half of the fathers (47%) reported being mostly satisfied to delighted with life as a whole in past 12 months. Fathers compared to mothers had significantly less daily contact with their children.
Jansen et al.	The prevalence of shouting at their children in past two weeks was high in fathers (67%). Fathers more often called their child dumb or lazy compared to mothers. Overall, fathers had a lower incidence of using harsh discipline than mothers. The percentage of fathers using high levels of harsh discipline was slightly larger than the group of mothers. The percentage of harsh discipline users was higher among Dutch fathers than non-Dutch fathers. There were no differences between low-and high-income fathers and use of harsh discipline. Older fathers were less likely to use harsh discipline than younger fathers. Fathers who were non-Western first generation immigrants had a higher risk of using harsh discipline than Dutch fathers. Paternal harsh discipline was significantly associated with a history of delinquent behaviour, history of addiction, self-reported global psychopathology score, hostility subscale score and depression subscale score, and perceived family dysfunction. Male gender of the child, younger age, first-generation immigrant status, delinquency, global psychopathology, and perceived family dysfunction were significant risk factors for paternal harsh discipline. Fathers' financial difficulties, age, national origin, education level and family income explained one percent of the paternal harsh discipline variance.

Lee et al.	The prevalence of fathers with depression when their child was 3 years old was 10%. The risk of child neglect at age 5 was twice as high in the presence of paternal depression. Parental parenting stress raised the risk of neglect by 40% which was marginally statistically significant.
Stover et al.	Drug abuse severity, alcohol-abuse severity and depression were significantly associated. Depression and drug abuse was significantly positively associated with hostile-aggressive parenting. The relationship between severity of fathers' drug use and hostile-aggressive parenting practices was mediated by paternal symptoms of depression. Fathers who had concerns about fatherhood reported significantly higher symptoms of depression than those who did not want parenting help.
Harvey et al.	Paternal laxness was significantly associated with cluster A (e.g. schizoid, paranoid, antisocial), cluster C (avoidant, dependent) personality traits, and substance abuse. These relationships remained significant when controlling for paternal education and child behaviour. The relationship between self-reported laxness and borderline personality was significantly less in fathers than mothers. The relationship between audiotaped warmth and depression was significantly more positive for fathers than for mothers. There were no significant relationships between paternal parenting, marital conflict, and psychopathology. Lower paternal scores on Cluster C and borderline personality traits were significantly associated with greater maternal over-reactivity. Lower paternal over-reactivity scores were significantly associated with greater maternal borderline and antisocial, and Cluster C personality traits, anxiety, and substance use.
Kim	Nearly 1/3 (29%) of the fathers reported depressive symptoms. Fathers' overall level of acceptance-rejection indicated they were moderately warm and loving. Depressive symptoms explained 47% of the variance in paternal acceptance-rejection. Increased paternal depressive symptoms significantly related to less paternal affection and increased paternal hostility and neglect and undifferentiated rejection.
Finger et al.	By the time their children were in kindergarten, fathers with alcoholism (FA) and fathers without alcoholism (NA) groups spent an average of 34 hours per week with their children.

	By the kindergarten data collection period, 8% of fathers in the FA group had scores indicative of clinical depression. Fathers in FA group engaged in significantly more binge drinking, become intoxicated more often, and reported more symptoms associated with alcohol abuse and dependence, reported more symptoms of depression and anti-social behaviours than fathers in the NA group. Fathers in the FA group reported more father-to-mother physical and verbal aggression than fathers in the NA group. Higher levels of paternal depression were associated with higher levels of antisocial behaviour, marital conflict, greater paternal over-reactivity, higher levels of negative affect when interacting with their children and the use of more power control discipline at kindergarten. Higher levels of paternal antisocial behaviour were associated with greater paternal over-reactivity at kindergarten and higher levels of martial aggression. Fathers alcohol use to harsh parenting through marital aggression at kindergarten.
Davis et al.	Most fathers (90%) had over 1 to 3 days of contact with their children per week. A majority of fathers (58%) reported being close to their sons 'all of the time.' Level of conflict with their sons was identified as low (74%) and discussion with their sons about risk behaviours was common (85%). Thirty-six percent of non-resident fathers reported moderate depressive symptoms and 11% reported severe depressive symptoms. Paternal depression was significantly associated with less contact with their sons, less closeness and high conflict. Heightened symptom severity was significantly associated with less contact, less closeness, low monitoring and high conflict.
Middleton et al.	On average, fathers reported nonclinical levels of depression, moderate levels of involvement, communication, limit setting, and autonomy granting. Fathers' symptoms of depression were significantly related to their children's externalizing behaviour problem. Fathers' symptoms of depression were not significantly related to their involvement, communication, limit setting, or autonomy granting. This lack of significance was attributed to the small father sample size.

	Fathers' involvement, communication, limit setting, or autonomy granting were not significantly related to their ratings of children's internalizing and externalizing behaviour problems. Fathers' symptoms of depression and their parenting characteristic practices significantly predicted their ratings of children's externalizing behaviour problems.
Reupert & Mayberry	Fatherhood was a central aspect of men's self-identity. As none of the fathers lived full-time with their children, barriers preventing access to their children was distressing. Fathers perceived that decisions regarding access were predicated on their illness rather than their fathering skills. All fathers reported having positive relationships with their children and that illness did not negatively impact on their father-child relationship. Active relationships with their children reinforced their engagement in self-care. All fathers experienced being stigmatized and, in turn, found seeking help difficult. All fathers perceived that services focus on their pathology/symptoms rather than their support needs. In acute illness fathers perceived isolation from significant others, a time defined by a need for intensive emotional and social support. All fathers were interested in strengthening their parenting skills in the context of illness, with trustworthy, and reliable resources.
Schacht et al.	Paternal depressive symptoms at T1 were significantly associated with stonewalling, emotional reactivity, involvement in conflict and avoidance practices. Paternal alcohol use at T1 was significantly correlated with stonewalling, verbal and physical aggression, and behavioural dysfunction practices. Fathers' drinking at T1 predicted an increase in paternal destructive marital conflict at T2. This increase in conflict was significantly related to decrease in fathering which, in turn, predicted children's externalizing problems at T3. Fathers' depressive symptoms at T1 were significantly related to children's internalizing problems at T3. The impact of fathers' depressive and alcohol use behaviours on children's health outcomes was mediated by children's emotional security.
Davé et al.	The prevalence of fathers diagnosed with depression was 8% of the sample, 3% were living with a major depressive syndrome. Fathers with major or other depressive syndrome were significantly more likely to be of mixed race, unemployed, have less education

	and limited job skills and not own a home than those with no depression. The odds of the children experiencing pro-social behaviour problems was 16 times greater with paternal major depressive syndrome. The odds of the children experiencing conduct problems was 7 times greater with paternal major depression. The odds of children experiencing peer problems was 13 times greater with paternal major depression. Paternal major depression was associated with total children difficulties, but on controlling for confounding variables, such as ethnicity and maternal illness, relationship no longer significant.
Evenson et al.	The presence of psychosis negatively disrupts the father-child relationship and work of parenting. Fathers perceived that their symptoms contributed to their emotional disengagement from their children. Hospitalization interfered with their desire to fulfill their role as a father and active family member. Medication was described as a straitjacket as it affected their energy level. Fathers had aspirations for themselves and their children. They wanted to engage in parenting practices that were more nurturing that those they experienced as children. Fathering generated a sense of pride, purpose and meaning. They perceived their children as supportive and understanding with regards to their illness. Being with their children motivated them to sustain wellness aware that the stresses associated with parenting made them vulnerable to exacerbation of mental illness symptoms.
Francis & Wolfe	Overall, the two groups of fathers, abusive and non-abusive, were not significantly different in terms of age, race/ethnicity or employment status. Abusive fathers' highest attained educational grade level and income were significantly lower than that of non-abusive fathers. Abusive fathers were significantly more likely to have a history of arrests for non-violent and violent issues, a history of alcohol abuse, and a history of maltreatment as a child. Compared to non-abusive fathers, abusive fathers reported significantly more somatic distress and depression. Abusive fathers reported significantly higher paranoia, hostility, depression, psychoticism, somatization and global severity scores. Greater than 60% of abusive fathers reported elevated scores on at least one of the seven mental health scales in comparison to 20%

	of non-abusive fathers. Abusive fathers reported significantly greater parenting stress with regards to parental distress, parent-child dysfunctional interaction, the difficult child and total parenting stress than non-abusive fathers. Abusive fathers' scores on each of these parenting stress domains were in the clinical range. Abusive fathers reported having significantly less empathic concern for their children and higher levels of state anger than non-abusive fathers. Abusive fathers expressed anger through verbal or physical aggressive behaviour. Abusive fathers' identified significantly more negative responses (passive, disgust) to describe their perceptions of children's emotions than non-abusive fathers.
Johnson et al.	Presence of parental anxiety disorders at mean age 22 were significantly associated with high possessiveness, inconsistent discipline and having three types of problematic child-rearing behaviours at age 33. The association of parental anxiety disorders at 22 with high parental possessiveness at 33 remained statistically significant when covariates (parental gender, offspring gender and co-occurring parental disorders) were controlled. Presence of parental depressive disorders at 22 were significantly associated with harsh physical punishment, high control, possessiveness and rejection, inconsistent discipline, and having more than three types of problematic child-rearing behaviours at 33. The associations of parental depressive disorders at 22 with high control and possessiveness at 33 remained statistically significant when the above covariates were controlled. Presence of parental disruptive disorders at 22 were significantly associated with low parental affection, assistance, praise and encouragement, and supervision and having more than three types of problematic child-rearing behaviours at 33. The association between parental disruptive disorders at 22 with low parental assistance at 33 remained statistically significant when the above covariates were controlled. Parental substance use disorders at 22 were significantly associated with inconsistent parental discipline, low parental communication and supervision, and have more than three types of problematic child-rearing behaviours at 33. The association of parental substance use disorders at 22 with inconsistent parental discipline at 33 remained statistically significant when the above covariates were controlled

	Parental personality disorders at 22 were significantly associated with inconsistent parental discipline, low parental affection, assistance, and praise and encouragement, and having more than three types of problematic child-reading behaviours at 33. The associations of parental personality disorders at 22 with low parental assistance and having more than three types of problematic child-rearing behaviours at 33 remained statistically significant when the above covariates were controlled. The magnitudes of the overall associations between parental psychiatric disorders at 22 and child-rearing problems at 33 did not vary significantly across diagnostic groups. Parental personal disorder traits (antisocial, borderline, dependent, paranoid and passive-aggressive) at mean ages 14 and 22 were positively associated with elevation in overall problematic child-rearing behaviours at 33 when co-occurring parental disorders, parental age, parental sex, offspring age, and offspring sex were controlled.
Jones et al.	More fathers than mothers had a primary diagnosis of schizophrenia and worked for pay prior to onset of study. The rate of substance severity was comparable between fathers and mothers. Fathers without an episode of severe substance abuse over 30 months had more frequent contact with their children than fathers with an episode of severe substance abuse. On average, no-episode fathers saw their children at least weekly. Fathers, compared to mothers, were twice as likely to have sporadic, infrequent contact. Even though fathers were less likely to co-reside with their children than mothers, there were no significant paternal/maternal differences in frequency of contact. There was no pattern of correlations between child contact and paternal psychiatric symptom severity or psychiatric diagnosis. Fathers with co-morbidity are at increased risk of loss of parental rights. Once lost, child visitation is challenging to regain, resulting in separations of over 36 months.
Liber et al.	Paternal anxiety and depressive symptoms showed a significant relationship with children's internalizing symptoms. In particular, paternal depressive symptoms rather than anxiety, predicted children's internalizing symptoms. Fathers of children who did not achieve successful treatment outcomes reported more depressive symptoms and higher levels of harsh and unfriendly behaviours towards children (rejection) than fathers of children who achieved treatment success. Fathers of children in the non/partially recovered cognitive behavioural therapy group reported more anxiety and depressive symptoms and higher levels of rejection, overprotection, and anxious rearing compared to fathers of children in the recovered group.

	Less paternal rejection, higher levels of child-reported maternal warmth, and paternal anxiety symptoms predicted parent-defined recovery for their children. Paternal depressive symptoms contributed to their belief that their children would relapse post-treatment.
Pihkala & Johansson	All fathers described keeping their illness hidden from their children and were uncertain about the impact of their illness on their children. All fathers identified that symptom management was necessary for them to focus on their children. One father feared the implications of talking about his illness with his children in view of his own childhood experiences with a mother who had mental illness. Some fathers identified guilt as a barrier to seeking participating in family intervention services. Nevertheless, for their children's well-being, they sought services. A motivation to participate in family intervention was the involvement of their partner. All fathers described how their children supported their involvement in family intervention. Family intervention delivered by a trustworthy provider assisted fathers' dialogue with their children about their illness.
Franck & Buehler	Fathers' depressive affect was significantly associated with marital hostility, to their sons' (not their daughters') adolescent internalizing and externalizing problems. Fathers' warmth was significantly related to lower adolescent externalizing problems. Paternal warmth did not moderate the effects of paternal depressive affect, marital hostility and adolescent health outcomes.
Meadows et al.	Married and cohabiting fathers were healthier than non-resident fathers. Approximately 12% of fathers in dual parent families had anxiety/depression. In comparison, 22% of fathers in non-resident, non-involved father families had anxiety/depression. Overall, paternal mental illness had a weaker association to children's mental health than maternal mental illness. In resident father families, paternal mental illness nearly doubled the odds of children experiencing oppositional defiant disorder. In non-resident families, involved fathers slightly increased the odds of attention deficit disorder in their children than non-resident, non-involved fathers.
Schudlich & Cummings	Paternal dysphoria was significantly predictive of destructive marital conflict tactics (for example, insult, verbal/nonverbal hostility, defensiveness, anger), depressive marital conflict tactics (withdrawal, sadness, fear, and physical distress) and less constructive marital conflict tactics (such as, problem solving, support, affection).

	Paternal dysphoria had significant negative relations with paternal parenting and hence, child adjustment problems. The effect size of paternal dysphoria on parenting was less than 0.20.
Coley & Hernandez	For both residential and non-residential fathers, parental conflict showed a strong negative association with fathers' involvement with children. Greater psychological distress in mothers predicted slightly higher fathers' involvement and higher parental conflict and thus, lower subsequent involvement. Having a male child predicted a slight increase in fathers' involvement. Mothers' age or child temperament had no statistical association to fathers' involvement. Fathers with employment security predicted a positive indirect effect on their involvement mediated through parental conflict. Fathers' involvement with the law showed a negative indirect relationship to their involvement mediated by parental conflict. Higher paternal psychological distress predicted greater parental conflict and thus, lower involvement. Overall, no significant effects found with regards to fathers' education, race/ethnicity or contact with own father. For non-residential fathers, again, parental conflict showed a large negative association to father involvement. Having a male child predicted higher marital conflict and hence, lower involvement. Maternal psychological distress yielded mixed associations to fathers' involvement. Total effect of employment stability was positive. Paternal involvement in legal matters had a negative effect on involvement mediated through parental conflict. Greater involvement with own father, increased effect of involvement with their children. Psychological distress, education, income, race/ethnicity did not significantly predict involvement of non-residential fathers. For residential fathers, a challenging child temperament significantly predicted involvement. Greater psychological distress in mothers predicted more father involvement and increased parental conflict. Greater paternal income predicted lower involvement and lower marital conflict. Fathers' psychological distress predicted heightened marital conflict.

	Overall, despite differences between residential and non-residential fathers, there were few statistically significant relationships.
Leung & Slep	Overall, fathers compared to mothers had lower depressive symptoms, similar anger expression, parent- and child-centered causal attribution and discipline measures (over-reactive, lax). For fathers, presence of parent-centered causal attributions significantly mediated relationship between their depressive symptoms and lax parenting. Child-centered responsibility attributions appeared to partially mediate the influence of paternal depressive symptoms and over reactive parenting. Fathers acting out in anger associated with over reactive parenting style. Yet, anger not significantly related to child-centered responsibility attributions.
Lindhout et al.	Fathers with anxiety disorders (n = 10) reported rearing their children in a less nurturing way than control fathers (n = 13). The child rearing style of fathers with anxiety disorders was higher on negative affect towards children, worry for children and discouraging independence in comparison to control fathers. Children of fathers with anxiety disorders (n = 7) did not perceive significantly more rejection, parental favouring, or less emotional warmth than children of control parents (n = 8). Mean child-reported childrearing score of overprotection was higher relevant for both mothers and fathers with anxiety compared to control parents.
Murray et al.	Overall, fathers were less involved in their child's school and school-related activities than mothers. In contrast, fathers' involvement in other aspects of child's life did not differ from that of mothers. Paternal homework communication showed more emotional support, non-coercive control and promotion of child's mastery, motivation and representational understanding compared to maternal communication patterns. Presence of parental mental illness significantly associated with more coercive control. Fathers who gave more emotional support was associated with positive child's academic outcomes. The children of fathers who encouraged mastery and motivation and had less coercive control had better school adjusted scores.
Cummings et al.	Paternal depressive symptoms were associated with increased child conflict, marital conflict, and less secure marital attachment. Increase paternal symptoms were positively associated with paternal psychological control (intrusiveness, control through guilt and

	instilling persistent anxiety) and less paternal warmth. Paternal depressive symptoms were significantly related to poor child adjustment including internalizing problems, peer exclusion, pro-social behaviour. Paternal depressive symptoms had a stronger negative link with boys' compared to girls' pro-social behaviours. Increased paternal symptoms were associated with increased marital conflict which in turn increased children's internalizing problems. Increased paternal symptoms were also related to less secure marital attachment which in turn increased internalizing problems in children. When controlling for marital conflict and attachment paternal dysphoria and children's internalizing/externalizing problems were still significant.
Low & Stocker	Fathers' depressed mood was significantly related with marital hostility and father-child hostility. Fathers' depressed mood, fathers' marital hostility and father-child hostility accounted for 19% of variance in children's internalizing symptoms. Fathers' depressed mood was indirectly associated with children's internalizing problems through fathers' marital hostility and father-child hostility. Fathers' depressed mood, fathers' marital hostility and father-child hostility accounted for 26% of variance in children's internalizing symptoms. There was a direct link between fathers' depressed mood and children's externalizing problems. Fathers' marital hostility was indirectly associated with children's externalizing behaviours through father-child hostility.
Papp et al.	Fathers reported significantly less symptoms of depression, anxiety and hostility than mothers. Overall, psychological distress was lower for fathers than mothers. Nearly one fifth of fathers were categorized as having potentially clinical psychological disorders. Slightly less than 10% of families had two parents in the clinical psychopathology range for disorders. Fathers provided significantly lower rating than mothers for acceptance and firm control. Fathers also rated their children as having less internalizing problems than mothers. Positive association between paternal psychological distress and children's internalizing and externalizing behaviours were mediated

	by parental styles of acceptance and psychological autonomy, not firm control. Although paternal practices emerged as mediators linking psychological distress and children's problems, predictive model found parental psychological distress and children's behaviour is bi-directional.
Yoshida et al.	The paternal care scores of men with severe obsessive compulsive disorder (OCD), mild OCD and OC disorder were significantly lower than those in the control group. Fathers with severe OCD and OCD had significantly higher protection scores than those of in the mild OCD and control groups.
Gartstein & Fagot	Fathers' symptoms of depression and paternal behaviours (coercion and cognitive guidance) were not predictive of children's externalizing behaviours. Fathers demonstrated a lower frequency of coercive behaviours during interactions at home compared to mothers. Fathers reported lower levels of marital/family adjustment and child effortful control than mothers. Fathers attributed poor levels of marital/family adjustment to children's externalizing problems.
Leinonen et al.	Fathers' economic hardship was associated to quality of fathering and mediated by their perception of supportive marital interactions. Low income, instability of the work situation, and family income changes contributed to general and specific economic pressures as shown by fathers' heightened anxiety and social dysfunction scores. This, in turn, influenced their interactions with family members. Paternal anxiety was positively associated with punitive and non-involved fathers, and increased hostility towards their wives. Paternal social dysfunction was positively related to non-involved fathers. Fathers' perceptions of minimal spousal support were positively related to punitive, non-involved and less authoritative fathering.

2.6 Collating, summarizing and reporting the results

During this stage of the scoping process, the above charted data is aggregated and numerically summarized (Arksey & O'Malley, 2005). The first analytic activity was to become immersed in each column of data within Tables 4 through 7. This activity allowed the researcher to describe a particular data set across 33 studies. Manifest content analysis, a descriptive rather than interpretive approach to analysis, involves a coding and categorization of elements that are present for the purpose of identifying patterns, frequency, relationships, and structures (Neuendorf, 2002; Vaismoradi, Turunen & Bondas, 2013). To determine the frequency with regards to each of the method columns, the researcher often tabulated the categories to re-represent the data numerically or narratively. Specific to Table 7, the researcher used latent analysis, the integration of similar findings into categories (Neuendorf, 2002) which were than assigned a label to represent its essential feature. Then, the frequency of the labels was calculated. This descriptive analysis approach is characterized as a 'factist' approach in that the presented data are assumed to be accurate and therefore, not subject to manipulation by the researcher (Levac, Colquhoun, & O'Brien, 2010; Vaismoradi, Turunen, & Bondas, 2013). This, in turn, supported the study's aim to describe the nature and range of reviewed evidence concerning fathering amidst mental illness.

Chapter 3

3 Results

The findings of this scoping study are presented in tables and brief narrative summaries. The initial tables address the nature of the reviewed evidence. Then, the findings across the 33 studies are summarized into seven categories. Each category is identified by a descriptive label denoting similar findings.

3.1 Nature of the evidence

The majority of the included studies were published in the United States (n=64%) or in the United Kingdom (n = 12%). Most often, the discipline/department of the lead author was psychology or a psychology-orientated affiliation (n=42%). Nursing was represented in only one (n=3%) of the 3 studies along with single contributions from disciplines such as medicine, human ecology, and child and family. The most common design used was a secondary quantitative analysis (n=46%). Over 50% of the samples of fathers were drawn from a non-clinical rather than a clinical community of adult men.

An examination of the socio-demographic characteristics of the father samples revealed 23 reports identifying the mean age of the fathers (Table 8). The vast majority of fathers were between the ages of 30 and 49 (n=21). Two reports had the majority of their sample as being less than 30 years of age. This finding could be attributed to the exclusion of perinatal reports as criteria for this study. One report identified the majority of the sample as being in the 50-59 year range. Ten reports did not provide the age of the sample.

Table 8: Number of studies per mean age of fathers

Mean Age of Fathers	Number of Studies (n=23)*
<20	0
20 – 29	1
30 – 39	15
40 – 49	6
50 – 59	1

*10 reports did not provide age data.

Almost 50% of reports identified fathers who were employed 71% to 93% of the time. Of the 13 articles that listed the employment status of the fathers, only two identified the bulk of fathers with less than 50% employment (Table 9).

Table 9: Number of studies per employment status of fathers

% Employed	Number of Studies (n=13)*
<50% employed	2
>50% employed	11

*20 reports did not identify employment status of fathers.

Eighteen reports did not identify family income (Table 10). One reported on the fathers' income only stating that 80% of the sample earned less than $21,000 (US$). Of the 12 that did provide either the mean or range of family income, the majority of the samples earned greater than $40,000 (American).

Table 10: Number of studies by family income

Average Family Income (US$)	Number of Studies (n=12)*
<21,000	1
21,000 to 29,999	1
30,000 to 39,999	1
40,000 to 69,999	6
>70,000	3

*18 reports did not identify family income; two reports identified 'middle class' rather than a monetary value; one report identified the fathers' and not the family income where 80% of the sample had an income of <21,000.

Of the 21 reports that did identify the fathers' level of educational attainment, 15 reports categorized the majority of the sample as having greater than high school, while two reports identified the majority of having less than high school (Table 11).

Table 11: Number of studies by fathers' education level

Fathers' Education Level	Number of Studies (n=21)*
<High school	2
High school	4
>High school	15

* 12 reports did not identify level of education.

Fourteen reports did not provide marital status; of the 19 articles that did, the vast majority of fathers were married or living common-law (n=16). No reports with single fathers were identified, while three had separated/divorced as being most common (Table 12).

Table 12: Number of studies by fathers' marital status

Marital Status	Number of Reports (n=19)*
Single	0
Married/common law	16
Separated/divorced	3

* 14 studies did not identify marital status

Of the 27 reports revealing the ethnicity of the father samples, the bulk of the fathers were Caucasian (n=19) while four reports listed African American as most common (Table 13).

Table 13: Number of studies by ethnic group

Largest ethnic group within sample	Number of studies (n=27)*
Caucasian/White/European American	19
African American	4
Dutch	2
Korean American	1
Latino	1

* 6studies did not identify ethnicity of sample

Twenty-four reports did not identify whether the sample represented biological or non-biological paternity. Nine articles had a majority of biological fathers (Table 14).

Table 14: Number of studies by father subgroup

Father subgroup	Number of Reports (n=9)*
Biological	9

*24 studies did not indicate the paternity of the father sample

Sixteen reports identified whether or not the fathers lived with their children; of those reports, 10 reports indicated the majority of fathers as living with their children (Table 15).

Table 15: Number of studies by co-residency with child(ren)

Residency with Child(ren)	Number of Reports (n=16)*
Resident	10
Non-resident	6

* 17 studies did not indicate the residency of the father sample; one report identified 50% of fathers residing with child(ren)

Of the 10 reports stating the average or mean number of children per father, most samples of fathers had one to three children. Twenty-three reports included the children's average or mean age; 11 reports had the majority of children in the birth to seven age range while 12 reports listed children in the eight to 18 age range. Fifteen articles included male and female children, while two reports listed male children only. Zero identified female children only. Of the 17 reports that identified the gender of the children, the bulk of the studies (n=12) had a majority of male children (Table 16).

Table 16: Number of studies by gender of target child

Gender of Child(ren)	Number of Reports (n=17)*
Majority male child(ren)	12
Majority female child(ren)	5

* 16studies did not identify the gender of the child(ren)

Data collection measures to identify psychiatric or mental illness symptoms in the father samples were diverse, which demonstrated little consistency in approach across the studies (Table 17). Thirty studies used one to two separate measures, two studies used three separate measures, while one study used six separate measures. All measures were categorized under seven sub-groups: diagnostic classification (nine measures), measurement of mood (three measures), measurement of psychiatric symptoms (five measures), measurement of substance use (10 measures), measurement of personality

(two measures), one measure of functioning, and other (four measures). One study did not specify any measure. The most widely used measures focused on mood symptoms and consisted of versions of the Epidemiological Studies Depression Scale (CES-D) (n = 9) and versions of the Beck Depression Inventory (BDI) (n = 5). Eleven studies used methods of diagnostic classification while ten studies measured substance use.

Table 17: Summary of psychiatric/symptom(s) data collection measures by paternal sample

Measures	Authors	Frequency Count by Measure
Diagnostic Classification		
Versions of the Composite International Diagnostic Interview (CIDI)	Finger et al.	1
Diagnostic interview for psychosis (ICD-10)	Campbell et al.	1
Composite International Diagnostic Interview Short-Form (CIDI-SF)	Lee et al.; Meadows et al.	2
Millon Clinical Multiaxial Inventory-III	Harvey et al.	1
Patient Health Questionnaire (PHQ)	Davé et al.	1
Diagnostic Interview Schedule (DISC-1)	Johnson et al.	1
Chart Review of documented diagnoses	Jones et al.	1
Versions of Anxiety Disorders interview Schedule (DSM-IV)	Liber et al.; Lindhout et al.	2
Structured Clinical Interview for DSM Diagnosis (SCID)	Murray et al.	1
Mood		
Version of the Epidemiological Studies Depression Scale (CES-D)	Caldwell et al.; Kim; Finger et al.; Davis et al.; Schacht et al.; Franck & Buehler; Schudlich & Cummings; Cummings; Gartstein & Fagot	9
Versions of the Beck Depression Inventory (BDI)	Stover et al.; Middleton et al.; Franck & Buehler; Leung & Slep; Low & Stocker	5
Depression Scale of the Symptom Checklist-90 item-Revised (SCL-90-R)	Schudlich & Cummings	1
Psychiatric symptoms		
Versions of the Brief Symptom Inventory (BSI)	Jansen et al.; Francis & Wolfe; Coley & Hernandez	3
Versions of the State-Trait Anger Expression Inventory (STAXI)	Francis & Wolfe; Leung & Slep	2

Positive and Negative Syndrome Scale (PANSS)	Jones et al.	1
Symptom Checklist-90 item-Revised (SCL-90-R)	Papp et al.	1
Maudsley Obsessive-Compulsive Inventory	Yoshida et al.	1
Substance use		
Study developed measure of frequency and quantity of drinking	Caldwell et al.	1
Heavy Alcohol Use by ≥ 4 drinks per day in past year	Lee et al.	1
Michigan Alcohol Screening Test	Stover et al.	1
Drug-Abuse Screening Test	Stover et al.	1
Family History Research Diagnostic Criteria	Finger et al.	1
DSM-IV subscale for alcohol abuse and dependency	Finger et al.	1
Fathers self-report of alcohol related issues	Finger et al.	1
Parental Alcohol Experiences Scale	Schacht et al.; Keller et al.	2
World Health Organization (WHO) Alcohol Use Disorders Identification Test	Davé et al.	1
Semi-structured interview about substance use	Jones et al.	1
Functional measure		
Multidimensional Scale for Independent Functioning	Campbell et al.	1
Personality		
Antisocial behaviour checklist	Finger et al.	1
Personality Diagnostic Questionnaire	Johnson et al.	1
Other measure		
Self-identified	Boursnell; Reupert & Maybery; Evenson et al.	3
National Adult Reading Test	Murray et al	1
General Health Questionnaire	Leinonen et al	1
Not specified	Pihkala & Johansson	1

. 1

In Table 18, paternal parenting practices were categorized under five sub-groups: father-child interactions (four practices), child-rearing (six practices), discipline (six practices), mitigating risk (two practices), and family functioning (four practices). The most widely measured paternal practice was found under the sub-group of father-child interactions, defined as 'warmth, affection for child' (n = 13). However, in 52% of the studies (n = 17) the paternal practices measured were often related to negative conceptualizations such as negative affect towards child, rejection, neglect, power and control, harshness, laxness, hostility and aggressiveness, and verbosity. Fathering was rarely perceived as positive or of benefit, where fathering becomes a burden for men with mental illness and children suffer as a result.

Table 18: Prevalence of measured paternal parenting practices

Paternal Practices	Authors	Frequency Count
Father-Child Interactions		
Warmth, affection for child	Stover et al.; Harvey et al; Kim; Reupert & Maybery; Schacht et al.; Fancis & Wolfe; Johnson et al.; Liber et al.; Franck & Buehler; Schudlich & Cummings; Coley & Hernandez; Cummings et al; Papp et al.	13
Negative affect towards child	Harvey et al.; Kim; Finger et al.; Francis & Wolfe; Low & Stocker	5
Communication with child	Davis et al.; Middleton et al.; Johnson et al.; Pihkala & Johansson; Coley & Hernandez	5
Perception of child	Davé et al.; Leung & Slep	2
Child-rearing		
Contact with child	Caldwell et al.; Campbell et al.; Lee et al.; Davis et al.; Middleton et al.; Davéet al; Johnson et al.; Jones et al.; Franck & Buehler; Coley & Hernandez; Murray et al.; Leinonen et al.	12
Closeness, nurturing and attentiveness to child	Caldwell et al.; Campbell et al.; Lee et al.; Harvey et al.; Davis et al.; Middleton et al.; Reupert & Maybery; Davé et al.; Evenson et al.; Johnson et al.; Coley & Hernandez; Lindhout et al.	12
Rejection of child	Stover et al.; Kim; Johnson et al.; Liber et al.; Schudlich & Cummings; Papp et al.	6
Protection of child	Liber et al.; Franck & Buehler; Coley & Hernandez; Lindhout et al; Yoshida et al.	5
Consensus with mother	Caldwell et al.; Schacht et al.; Coley & Hernandez	3
Neglect of child	Lee et al.; Stover et al.; Kim	3
Discipline		
Power and control over child	Finger et al.; Johnson et al.; Schudlich & Cummings; Lindhout et al.; Cummings et al.; Papp et al.; Gartstein &	8

	Fagot; Leinonen et al.	
Harshness towards child	Jansen et al.; Finger et al.; Johnson et al.; Schudlich & Cummings; Leung & Slep; Leinonen et al.	6
Laxness with child	Harvey et al.; Schudlich & Cummings; Leung & Slep; Papp et al.	4
Hostility and aggressiveness towards child	Jansen et al.; Stover et al.; Low & Stocker	3
Verbosity with child	Leung & Slep; Gartstein & Fagot	2
Limit setting with child	Middleton et al.	1
Mitigating Risk		
Help-seeking	Boursnell; Stover et al. ; Reupert & Maybery; Pihkala & Johansson	4
Social Service involvement	Boursnell; Campbell et al.; Reupert & Maybery	3
Family Functioning		
Parental stress	Lee et al.; Davé et al.; Evenson et al.; Francis & Wolfe; Meadows et al.	5
Attitude toward fathering	Davé et al.; Evenson et al.	2
Social networking	Caldwell et al.	1
Overall family wellbeing	Jansen et al.	1

The contextual variables identified across the 33 studies were grouped into two broad categories: family composition/functioning and social determinants (Table 19). These data collection measures included dyadic and societal relations both within and outside of the fathers' family. Common contextual domains across the 33 studies were child, marital, and economic health influences on fathering. Paternal illness measured in the context of challenging marital relations and children outcomes, provided for a family-situated orientation. This orientation, however, seemed bias towards challenges and struggles rather than strengths and opportunities. Several authors showcased fathering within a larger contemporary and historical social context. This was indicated through description of current income, housing, and work status as well as past, health and social disadvantages as a youth.

Table 19: Prevalence of contextual variables

Contextual Variables	Authors	Frequency count
Family Composition and Functioning		
Child wellbeing	Middleton et al.; Schacht et al.; Davé et al.; Liber et al.; Franck & Buehler; Schudlich & Cummings; Coley & Hernandez; Cummings et al.; Low & Stocker; Murray et al.; Papp et al.; Gartstein & Fagot	12
Father-mother dynamics	Stover et al.; Lee et al.; Harvey et al.; Finger et al.; Reupert & Maybery; Schacht et al.; Davé et al.; Meadows et al.; Coley & Hernandez; Cummings et al.; Low & Stocker; Leinonen et al.	12
Number and/or age of children	Stover et al.; Reupert & Maybery; Davé et al.; Gartstein & Fagot	4
Child-father Dynamics	Franck & Buehler; Lindhout et al.; Papp et al.	3
Child's gender	Jansen et al.; Jones et al.	2
Social Determinants		
Income	Campbell et al.; Jansen et al.; Lee et al.; Davis et al.; Davé et al.; Jones et al.; Meadows et al., Coley & Hernandez; Gartstein & Fagot; Leinonen et al.	10
Residency	Campbell et al.; Stover et al.; Davé et al.; Meadows et al.; Coley & Hernandez; Gartstein & Fagot	6
Work	Campbell et al.; Davis et al.; Stover et al.; Davé et al.; Gartstein & Fagot	5
Fathers background as youth	Jansen et al.; Franck & Buehler; Meadows et al.; Lindhout et al.	4
Substance use	Campbell et al.; Jansen et al.	2
Gender	Caldwell et al.; Stover et al.	2
Stigma	Caldwell et al.	1

The scope of the evidence reviewed in this thesis indicates that fathering practices were comprised by seven main topical categories. As indicated in Table 20, these topical categories were labelled: illness as impediment to fathering; non-illness impediments to fathering; father-mother relations; external informal and formal supports; availability of father to child; involvement of father with child; and, fathering for health.

Fathering practices involve efforts to manage impediments to fathering inclusive of illness symptoms within challenging personal circumstances such as poverty. Fathering practices also involved management of their relationship with the mother of their child(ren). The building of resources was identified as a fathering practice to access tangible and intangible supports for success in their role. Some authors identified that fathering practices necessitates physical and psycho-emotional presence in the life of their child(ren). Beyond being present, fathering practices involved a range of parental interactions to nurture, discipline and guide the development of their child(ren). Finally, fathering practices were described as having positive and negative outcomes on the well-being of individual family members and the family as a whole.

Table 20: Summary of topical categories across studies

Author	Illness as impediment to fathering	Non-illness impediments to fathering	Father-mother relations	External informal and formal supports	Availability of father to child	Involvement of father with child	Fathering for health
Boursnell	X	X		X	X	X	X
Caldwell et al.	X	X	X		X	X	X
Campbell et al.	X	X	X		X	X	X
Jansen et al.	X	X	X			X	
Lee et al.	X	X				X	
Stover et al.	X	X				X	X
Harvey et al.	X	X	X			X	
Kim	X					X	
Finger et al.	X		X		X	X	
Davis et al.	X				X	X	X
Middleton et al.	X					X	
Reupert & Maybery	X			X	X	X	X
Schacht et al.	X		X			X	
Davé et al.	X	X				X	X
Evenson et al.	X					X	X
Francis & Wolfe	X					X	
Johnson et al.	X					X	
Jones et al.	X				X		
Liber et al.	X			X		X	X
Pihkala & Johansson	X		X	X		X	X
Franck & Buehler	X		X			X	
Meadows et al.	X		X		X		X
Schudlich & Cummings			X				X
Coley & Hernandez	X	X	X		X	X	
Leung & Slep	X					X	
Lindhout et al.	X					X	
Murray et al.	X					X	X
Cummings et al.	X		X			X	
Low & Stocker	X		X			X	

Papp et al.	X		X			X	X
Yoshida et al.	X					X	
Gartstein & Fagot	X		X			X	
Leinonen et al.	X	X	X		X	X	
Total	32	10	16	4	10	30	14

Chapter 4

4 Discussion

Parenting is recognized as a highly valued role, yet, paradoxically, this assertion is not represented in the overall findings of the selected studies. This finding supports the need for further understanding of fathering for men with SMI and its influence on their psychological well-being, a neglected area of research (Canadian Mental Health Association, 2009; Coley, 2001; Daniel, 2004; McMahon & Rounsaville, 2002; McMahon, Winkel, & Rounsaville, 2008; Plant et al., 2002; Styron, Pruett, McMahon, & Davidson, 2002). Indeed, rarely were paternal practices (positive or negative) associated with health outcomes in the studies in this scoping review.

The diversity of the data collection measures to identify psychiatric or mental illness symptoms in the father samples demonstrated little consistency in approach across the studies. This finding not only begs for a more coordinated and consistent research approach to measuring mental illness symptoms in research on fathers with mental illness but also suggests that the majority of the research to date has focused on fathers with low mood symptoms/depression and substance use. More research is needed that centers on the parental practices and subsequent outcomes of fathers with serious mental illness, such as those with schizophrenia and other related psychotic illnesses, bipolar illness, and anxiety disorders.

For the most part, findings were not significant and were poorly reported. Studies did not clearly identify or define the term ‘involved’, which was most often used as a broad concept in terms of father engagement. Also, the titles and purposes of the studies were

often misleading. For example, fathers were most times compared to the mother and findings related mostly to the mother as the father subset was often too small.

The relationship between paternal depression and children's development has been identified in research. Middleton, Scott, and Renk (2009) cited that symptoms of paternal depression and parenting characteristics significantly predicted the fathers' ratings of their children's externalizing behaviours. In terms of the impact on children's development, they revealed a 45% increase in depression among children of depressed fathers and a 26% greater risk of developing other psychiatric disorders including substance use disorder. Reupert and Maybery (2009) found that the fathers in their study believed that their mental illness did not negatively impact their children and that children also lacked insight into their parents' illness. This speaks to the need of coordinating a range of services that not only supports fathers' in their recovery but also assists fathers in understanding the possible impact of mental illness on their family and in developing and strengthening life skills and family functioning. Nurses are well positioned to offer psycho-education to fathers and their families to assist in these endeavours. Also, knowing that children whose fathers struggle with depression are at greater risk of developing psychiatric disorders, collaborations between healthcare services and the educational system must be developed in order to monitor and provide relevant interventions to children and their families as a means of preventing and/or reducing the impact of illness.

Higher rates of mental illness/substance use where found in fathers of physically abused adolescents compared to fathers who did not physically abuse their children in a study by Kaplan, Sunday, Labruna, Pelcovitz, and Salzinger (2009). Neglected and

abused children and children at risk of neglect or abuse are often removed from their parents. Paternal substance abuse may lead to poor developmental outcomes in children; however, complete father absence may have a different but equally dramatic impact on the psychological development of children. Traumatic and enduring feelings of abandonment and rejection are often experienced by children who are separated from their parents (Webb, 2006, as cited in Jones, Macias, Gold, Barreira, & Fisher, 2008). Therefore, this evidence serves to highlight the need for assessments and interventions for early recognition and treatment of disorders toward preventing the occurrence and/or re-occurrence of child/adolescent physical abuse and/or neglect. Through comprehensive assessments, nurses can identify families at risk and facilitate referrals to relevant services.

Several gaps in the literature exist. As the preponderance of studies stem from the United States, research on fathers with SMI needs to be expanded globally. As several reports indicate that persons with SMI have higher rates of lower educational achievement, research endeavours should focus on fathers with education levels of high school or less. SMI often begins in adolescence impacting educational attainment. Also, further research is needed on single fathers with SMI and those separated or divorced. Lone fathers have been found to have higher rates of mood and substance use disorders than married fathers (Wade, Veldhuizen, & Cairney, 2011), were nearly 4 times more likely to have a common mental disorder than other men (Bebbington, Meltzer, Bhugra, Jenkins, Farrell, & King, 2007), were socially disadvantaged related to raising children alone (Janzen, Green, &Muhajarine, 2006), and were at increased risk of premature death compared to married fathers (Weitoft, Burstrom, & Rosen, 2004).

As this scoping review has identified, research needs to be expanded on fathers with SMI of various ethnic populations. Much of the current literature focuses on Caucasian samples. No studies were located that identified the fathering practices of Aboriginal men with mental illness, nor those of Asian, East or otherwise, decent. Engaging in research with varied ethnic groups will enhance clinical knowledge that would assist health care providers in providing culturally relevant and sensitive care.

Further research focus is required on step-fathers and adoptive fathers with SMI. Blended families represent12.6% of families in Canada (Statistics Canada, 2011). Understanding the complex issues facing step- or adoptive fathers with SMI may shed insight on how best to assist this family type. Also, non-resident fathers with SMI are poorly represented in the literature. Understanding the needs and challenges of both these populations would go a long way in improving the health outcomes of this understudied population.

This scoping review revealed the lack of research on the father-daughter dyad amidst mental illness. Addressing this relationship could serve to assist fathers with SMI in fathering their daughters and in enhancing or maintaining the paternal bond while reducing the impact of SMI on children.

Ackerson (2003) brings attention to the need for research focused on the strengths and capabilities of parents with serious mental illness. Research in prevention and intervention strategies has also been identified (Bebbington, Meltzer, Bhugra, Jenkins, Farrell, & King, 2007). There is a need to better understand and support fathers with mental illness and substance abuse issues in their paternal role (Jones, Macias, Gold, Barreira, & Fisher, 2008). Research that focuses on the characteristics and/or experiences

of fathers is significantly underrepresented, (Styron, Pruett, McMahon, and Davidson, 2002). Studies focused on the role of father-child attachment in the development of internalizing symptoms in their children is needed (Brumariu & Kerns, 2010), especially in father-daughter relationships. A systematic review by Gunlicks and Weissman (2008) found no data on the effect of treating depressed fathers on children.

The vast preponderance of available research related to fathers has used quantitative techniques. In order to address the needs of fathers with an enduring mental illness, more research using qualitative methods is needed. Enhanced understanding and improved compassionate, relevant, and effective care are just a few of the benefits that can be achieved through research drawn from the lived experience and perspectives of fathers with an enduring mental illness. Implications on everyday functioning, paternal role performance, relationships, family security, as well as the impact of parental mental illness on children's health and development and the father-child relationship can be better understood by honouring the fathers' stories.

4.1 Limitations

As a scoping review does not seek to assess the quality of the reports or the evidence contained within, impressions about the robustness or generalizability of the findings cannot be made. Although every effort was made to locate all relevant studies, it is possible that some reports have been overlooked due to human error given the broad scope of the topic of interest.

4.2 Conclusions

Although research on fathers with SMI has increased over the past 10 years, this scoping review identifies the diverse nature of the studies to date and the need for a more

uniform approach, in order to amass consistency in evidence to inform clinical practice. Targeted research and clinical attention is required to address the unique needs of fathers with SMI. Indeed, several gaps in research on fathers with mental illness continue to exist including research on paternal practices and their associated impact on paternal, maternal, child, and family health outcomes.

References

Ackerson, B. J. (2003). Parents with serious and persistent mental illness: Issues in assessment and services. *Social Work, 48*(2), 187-194. doi: http://dx.doi.org/10.1093/sw/48.2.187

American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19-32.

Armstrong, R. Hall, B. J., Doyle, J., & Waters, E. (2011). Cochrane update: 'Scoping the scope' of a Cochrane review. *Journal of Public Health*, 33(1), 147-150.

Bartlett, E. E. (2004). The effects of fatherhood on the health of men: A review of the literature. *Journal of Men's Health & Gender*, *1*(2-3), 159-169. doi: http://dx.doi.org/10.1016/j.jmhg.2004.06.004

Berg-Nielsen, T. S., Vikan, A., & Dahl, A. A. (2002). Parenting related to child and parental psychopathology: A descriptive review of the literature. *Clinical Child Psychology and Psychiatry*, 7(4), 529-552.

Bish, M., Kenny, A., & Nay, R. (2012). A scoping review identifying contemporary issues in rural nursing leadership. *Journal of Nursing Scholarship*, 44(4), 411-417.

Blegen, N. E., Hummelvoll, J. K., & Severinsson, E. (2010). Mothers with mental health problems: A systematic review. *Nursing and Health Sciences*, 12(4), 519-528.

Boursnell, M. (2012). Assessing the capacity of parents with mental illness: Parents with mental illness and risk. *International Social Work,* published online 12 September 2012. doi: 10.1177/0020872812445197

Bradley, R., & Slade, P. (2011). A review of mental health problems in fathers following the birth of a child. *Journal of Reproductive & Infant Psychology, 29*(1), 19-42. doi: 10.1080/02646838.2010.513047

Brumariu, L. E., & Kerns, K. A. (2010). Parent-child attachment and internalizing symptoms in childhood and adolescence: A review of empirical findings and future directions. *Development and Psychopathology, 22*(1), 177-203. doi: 10.1017/S0954579409990344

Caldwell, C. H., Antonakos, C. L., Tsuchiya, K., Assari, S., & De Loney, E. H. (2012). Masculinity as a moderator of discrimination and parenting on depressive symptoms and drinking behaviors among nonresident African-American fathers. *Psychology of Men & Masculinity,* doi: http://dx.doi.org/10.1037/a0029105

Caldwell, C. H., Rafferty, J., Reischl, T. M., De Loney, E. H., & Brooks, C. L. (2010). Enhancing parenting skills among nonresident African American fathers as a strategy for preventing youth risky behaviors. *American Journal of Community Psychology,* 45(1-2), 17-35. doi:http://dx.doi.org.librweb.laurentian.ca/10.1007/s10464-009-9290-4

Campbell, L., Hanlon, M. C., Poon, A. W., Paolini, S., Stone, M., Galletly, C., Cohen, M. (2012). The experiences of Australian parents with psychosis: The second Australian national survey of psychosis. *The Australian and New Zealand Journal*

of Psychiatry, 46(9), 890-900. doi: 10.1177/0004867412455108; 10.1177/0004867412455108

Canadian Mental Health Association (2007). Men and mental illness. Retrieved July 22, 2013 from http://www.cmha.ca/public_policy/men-and-mental-illness/#.UoFapPnEOTU

Castillo, J., Welch, G., & Sarver, C. (2011). Fathering: The relationship between fathers' residence, fathers' sociodemographic characteristics, and father involvement. *Maternal and Child Health Journal*, 15(8), 1342-1349. doi:http://dx.doi.org.librweb.laurentian.ca/10.1007/s10995-010-0684-6

Caton, C. L., Cournos, F., & Dominguez, B. (1999). Parenting and adjustment in schizophrenia. *Psychiatric Services*, 50(2), 239-243.

Centre for Addiction and Mental Health (2006). *Transforming CAMH, transforming lives: Annual report to the community.* Toronto, ON: Author. Retrieved from: http://www.camh.ca/en/hospital/about_camh/annual_reports_to_the_community/annual_report_to_the_community_2005_-_2006/Documents/camh_annual_report0506.pdf

Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: A metasynthesis. *Journal of Reproductive and Infant Psychology*, 29(1), 4-18.

Clare, C. A., & Yeh, J. (2012). Postpartum depression in special populations: A review. *Obstetrical & Gynecological Survey*, *67*(5), 313-323. doi: 10.1097/OGX.0b013e318259cb52

Connell, A. M., & Goodman, S. H. (2002). The association between psychopathology in fathers versus mothers and children's internalizing and externalizing behavior problems: A meta-analysis. *Psychological Bulletin, 128*(5), 746-773. doi: http://dx.doi.org/10.1037/0033-2909.128.5.746

Coley, R. L. (2001). (In)visible men: Emerging research on low-income, unmarried, and minority fathers. *American Psychologist,* 56(9), 743-753. doi:http://dx.doi.org.librweb.laurentian.ca/10.1037/0003-066X.56.9.743

Coley, R. L., & Hernandez, D. C. (2006). Predictors of paternal involvement for resident and nonresident low-income fathers. *Developmental Psychology*, 42(6), 1041-1056.

Condon, J. T., Boyce, P., & Corkindale, C. J. (2004). The first-time fathers study: A prospective study of the mental health and wellbeing of men during the transition to parenthood. *Australian and New Zealand Journal of Psychiatry*, 38(1-2), 56-64. doi: http://dx.doi.org.librweb.laurentian.ca/10.1111/j.1440-1614.2004.01298.x

Cooper, C., Bebbington, P. E., Meltzer, H., Bhugra, D., Brugha, T., Jenkins, R., Farrell, M., & King, M. (2008). Depression and common mental disorders in lone parents: Results of the 2000 Nation Psychiatric Morbidity Survey, *Psychological Medicine, 38,* 335-342.

Cosson, B., & Graham, E. (2012). ‘I felt like a third wheel’: Fathers' stories of exclusion from the 'parenting team'. *Journal of Family Studies*, 18(2-3), 121-129. doi:http://dx.doi.org.librweb.laurentian.ca/10.5172/jfs.2012.18.2-3.121

Cummings, E. M., Keller, P. S., & Davies, P. T. (2005). Towards a family process model of maternal and paternal depressive symptoms: Exploring multiple relations with

child and family functioning. *Journal of Child Psychology and Psychiatry*, 46(5), 479-489.

Daniel, K. (2004). Fathers' psychological needs -- a neglected area. *Community Practitioner*, 77(6), 208-209. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=2004130602&site=ehost-live

Davé, S., Sherr, L., Senior, R., & Nazareth, I. (2008). Associations between paternal depression and behaviour problems in children of 4-6 years. *European Child and Adolescent Psychiatry*, 17(5), 306-315.

Davis, R. N., Caldwell, C. H., Clark, S. J., & Davis, M. M. (2009). Depressive symptoms in nonresident African-American fathers and involvement with their sons. *Pediatrics*, *124*(6), 1611-1618. Retrieved from http://sfx.scholarsportal.info/laurentian?sid=OVID:medline&id=pmid:19948630&id=doi:&issn=0031-4005&isbn=&volume=124&issue=6&spage=1611&pages=1611-8&date=2009&title=Pediatrics&atitle=Depressive+symptoms+in+nonresident+african+american+fathers+and+involvement+with+their+sons.&aulast=Davis&pid=%3Cauthor%3EDavis+RN%2CCaldwell+CH%2CClark+SJ%2CDavis+MM%3C%2Fauthor%3E%3CAN%3E19948630%3C%2FAN%3E%3CDT%3EJournal+Article%3C%2FDT%3E

Davis, K., Drey, N., & Gould, D. (2009). What are scoping studies? A review of the nursing literature. *International Journal of Nursing Studies*, 46, 1386-1400.

DiCenso, A., Guyatt, G., &Ciliska, D. (2005). Evidence-based nursing: A guide to clinical practice. St. Louis, MO: Mosby.

Doyle, O., Joe, S., & Caldwell, C. H., PhD. (2012). Ethnic differences in mental illness and mental health service use among black fathers. *American Journal of Public Health*, 102(S2), S222-S231.

Doucet, A. (2004). "It's almost like I have a job, but I don't get paid": Fathers at home reconfiguring work, care, and masculinity. *Fathering*, 2(3), 277-303.

Du Rocher Schudlich, T. D., & Cummings, E. M. (2007). Parental dysphoria and children's adjustment: Marital conflict styles, children's emotional security, and parenting as mediators of risk. *Journal of Abnormal Psychology*, 35, 627-639.

Evans, D. (2007). Overview of methods. In Webb, C. and Roe, B. (Eds). *Reviewing research evidence for nursing practice: Systematic reviews*. Oxford, UK: Blackwell Publishing Ltd., p. 143.

Evenson, E., Rhodes, J., Feigenbaum, J., & Solly, A. (2008). The experiences of fathers with psychosis. *Journal of Mental Health, 17*(6), 629-642. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=2010103811&site=ehost-live

Finfgeld, D. L., (2003). Metasynthesis: The state of the art—so far. *Qualitative Health Research, 13*(7), 893-904.

Finger, B., Kachadourian, L. K., Molnar, D. S., Eiden, R. D., Edwards, E. P., & Leonard, K. E. (2010). Alcoholism, associated risk factors, and harsh parenting among fathers: Examining the role of marital aggression. *Addictive Behaviors*, 35, 541-548.

Fitzgerald, M. E., Roy, K., Anderson, E. E., & Letiecq, B. L. (2012). The effect of depressive symptoms on low-income men in responsible fathering programs. Fathering, 10(1), 47-65. doi: http://dx.doi.org.librweb.laurentian.ca/10.3149/fth.1001.47

Flouri, E. (2007). Fathering and adolescents' psychological adjustment: The role of fathers' involvement, residence and biology status. *Child: Care, Health & Development*, 34(2), 152-161.

Francis, K. J., & Wolfe, D. A. (2008). Cognitive and emotional differences between abusive and non-abusive fathers. *Child Abuse & Neglect, 32*(12), 1127-1137. doi: http://dx.doi.org/10.1016/j.chiabu.2008.05.007

Franck, K. L., & Buehler, C. (2007). A family model of marital hostility, parental depressive affect, and early adolescent problem behavior: The roles of triangulation and parental warmth. *Journal of Family Psychology*, 21(4), 614-625.

Gartstein, M. A., & Fagot, B. I. (2003). Parental depression, parenting and family adjustment, and child effortful control: Explaining externalizing behaviors for preschool children. *Journal of Applied Developmental Psychology*, 24(2), 143-177.

Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989-2008. *Birth: Issues in Perinatal Care, 36*(4), 305-318. doi: http://dx.doi.org/10.1111/j.1523-536X.2009.00358.x

Geulayov, G., Gunnell, D., Holmen, T. L., & Metcalfe, C. (2012). The association of parental fatal and non-fatal suicidal behaviour with offspring suicidal behaviour

and depression: A systematic review and meta-analysis. *Psychological Medicine, 42*(8), 1567-1580. doi: 10.1017/S0033291711002753

Glikman, H. (2004). Low-income young fathers: Contexts, connections, and self. *Social Work, 49*(2), 195-206.

Gorzka, P. A. (1999). Homeless parents' perceptions of parenting stress. *Journal of Child and Adolescent Psychiatric Nursing, 12*(1), 7-16. Retrieved from http://search.proquest.com.librweb.laurentian.ca/docview/232979318?accountid=12005

Grabovschi, C., Loignon, C., & Fortin, M. (2013). Mapping the concept of vulnerability related to health care disparities: A scoping review. *Health Services Research, 13:*94

Gunlicks, M. L., & Weissman, M. M. (2008). Change in child psychopathology with improvement in parental depression: A systematic review. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*(4), 379-389. doi: http://dx.doi.org/10.1097/CHI.0b013e3181640805

Hearle, J., Plant, K., Jenner, L., Barkla, J., & McGrath, J. (1999). A survey of contact with offspring and assistance with child care among parents with psychotic disorders. *Psychiatric Services*, 50(10), 1354-1356.

Helbig, S., Lampert, T., Klose, M., & Jacobi, F. (2006). Is parenthood associated with mental health? *Social Psychiatry & Psychiatric Epidemiology, 41*(11), 889-896. doi: 10.1007/s00127-006-0113-8

Herman-Stahl, M. A., Ashley, O. S., Penne, M. A., Bauman, K. E., Williams, J., Sanchez, R. P., Loomis, K. M., Williams, M. S., & Gfroerer, J. C. (2008). Moderation and

mediation in the relationship between mothers' or fathers' serious psychological distress and adolescent substance use: Findings from a national sample. *Journal of Adolescent Health, 43*, 141-150.

Hidalgo Landa, A., Szabo, I. Le Brun, L., Owen, I. & Fletcher, G. (2011). Evidence bases scoping reviews. *The Electronic Information Systems Evaluation*, *14*(1), 46-52.

Holzinger, A., Floris, F., Schomerus, G., Carta, M. G., & Angermeyer, M. C. (2012). Gender differences in public beliefs and attitudes about mental disorder in western countries: A systematic review of population studies. *Epidemiology and Psychiatric Sciences*, 21, 73-85.

Hooker, L., Ward, B., & Verrinder, G. (2012). Domestic violence screening in maternal and child health nursing practice: A scoping review. *Contemporary Nursing: A Journal for the Australian Nursing Profession. 42*(2): 198-215.

Jansen, P. W., Raat, H., Mackenbach, J. P., Hofman, A., Jaddoe, V. W., Bakermans-Kranenburg, M. J.,…Tiemeier, H. (2012). Early determinants of maternal and paternal harsh discipline: The generation R study. *Family Relations*, 61(2), 253-270.

Janzen, B. L., Green, K., & Muhajarine, N. (2006). The health of single fathers: Demographic, economic and social correlates. *Canadian Journal of Public Health, 97*(6), 440-4.

Johnson, J. G., Cohen, P., Kasen, S., & Brook, J. S. (2008). Psychiatric disorders in adolescence and early adulthood and risks for child-rearing difficulties during middle adulthood. *Journal of Family Issues,* 29(2), 210-233.

Johnson, J. G., Cohen, P., Kasen, S., Smailes, E., & Brook, J. S. (2001). Association of maladaptive parental behavior with psychiatric disorder among parents and their offspring. *Archives of General Psychiatry*, *58*(5), 453-460.

Jones, D., Macias, R. L., Gold, P. B., Barreira, P., & Fisher, W. (2008). When parents with severe mental illness lose contact with their children: Are psychiatric symptoms or substance use to blame? *Journal of Loss and Trauma*, 13, 261-287.

Jones, M. L. (2007). Overview of methods. In Webb, C. and Roe, B. (Eds). *Reviewing research evidence for nursing practice: Systematic reviews*. Oxford, UK: Blackwell Publishing Ltd., p. 63-72.

Kane, P., & Garber, J. (2004). The relations among depression in fathers, children's psychopathology, and father-child conflict: A meta-analysis. *Clinical Psychology Review*, *24*(3), 339-360. doi: http://dx.doi.org/10.1016/j.cpr.2004.03.004

Kaplan, S. J., Sunday, S. R., Labruna, V., Pelcovitz, D., & Salzinger, S. (2009). Psychiatric disorders of parents of physically abused adolescents. *Journal of Family Violence, 24*(5), 273-281. doi: http://dx.doi.org/10.1007/s10896-009-9226-7

Keller, P. S., Cummings, E. M., Davies, P. T., & Mitchell, P. M. (2008).Longitudinal relations between parental drinking problems, family functioning, and child adjustment. *Development and Psychopathology*, 20, 195-212.

Kim, E. (2011). Intergenerational acculturation conflict and Korean and American parents' depression symptoms. *Issues in Mental Health Nursing*, 32, 687-695.

Lamb, M. E. (2000). The history of research on father involvement. *Marriage & Family Review*, *29*(2-3), 23-42.

Lee, S. J. (2013). Paternal and household characteristics associated with child neglect and child protective services involvement. *Journal of Social Service Research, 39*(2), 171-187.

Lee, Y., Fagan, J., & Chen, W. (2012). Do late adolescent fathers have more depressive symptoms than older fathers? *Journal of Youth and Adolescence, 41*(10), 1366-1381. doi: http://dx.doi.org/10.1007/s10964-011-9717-8

Lee, S. J., Guterman, N. B., & Lee, Y. (2008). Risk factors for paternal physical child abuse. *Child Abuse and Neglect*, 32, 846-858.

Leinonen, J. A., Solantaus, T. S., Punamaki, R. (2002). The specific mediating paths between economic hardship and the quality of parenting. *International Journal of Behavioral Development, 26*(5), 423-435.

LeFrançois, B. A. (2010). Distressed fathers and their children: A review of the literature. *International Journal of Social Psychiatry, 58*(2), 123-130. doi: http://dx.doi.org/10.1177/0020764010387478

Leung, D. W., & Slep, A. M. S. (2006). Predicting inept discipline: The role of parental depressive symptoms, anger, and attributions. *Journal of Consulting and Clinical Psychology, 74*(3), 524-534. doi: http://dx.doi.org/10.1037/0022-006X.74.3.524

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science, 5*, 69.doi:10.1186/1748-5908:5:69.

Lewis, M. W., & Petry, N. M. (2005). Relationship between custodial status and psychosocial problems among cocaine-abusing parents initiating substance abuse treatment. *The American Journal on Addictions*, 14(5), 403-415. doi: http://dx.doi.org.librweb.laurentian.ca/10.1080/10550490500247008

Liber, J. M., van Widenfelt, B. M., & Goedhart, A. W. (2008). Parenting and parental anxiety and depression as predictors of treatment outcomes for childhood anxiety disorders: Has the role of fathers been underestimated? *Journal of Clinical and Adolescent Psychology*, 37(4), 747-758.

Lindhout, I., Markus, M., Hoogendijk, T., Borst, S., Maingay, R., Spinhoven, P.,…Boer, F. (2006). Childrearing style of anxiety-disordered parents. *Child Psychiatry and Human Development*, 37(1), 89-102.

Low, S. M., & Stocker, C. (2005). Family functioning and children's adjustment: Associations among parents' depressed mood, marital hostility, parent-child hostility, and children's adjustment. *Journal of Family Psychology,* 19(3), 394-403.

Marsiglio, W., & Cohan, M. (2000). Contextualizing father involvement and paternal influence: Sociological and qualitative themes. *Marriage & Family Review*, 29(2-3), 75-95.

McArthur, M., Zubrzycki, J., Rochester, A., & Thomson, L. (2006). 'Dad, where are we going to live now?' exploring fathers' experiences of homelessness. *Australian Social Work, 59*(3), 288-300. doi: http://dx.doi.org/10.1080/03124070600833212

McMahon, T. J., & Giannini, F. D. (2003). Substance-abusing fathers in family court: Moving from popular stereotypes to therapeutic jurisprudence. *Family Court Review, 41*(3), 337-353. doi: http://dx.doi.org.librweb.laurentian.ca/10.1177/1531244503041003006

McMahon, T. J., & Rounsaville, B. J. (2002). Substance abuse and fathering: Adding poppa to the research agenda. *Addiction*, 97(9), 1109-1115. doi: http://dx.doi.org.librweb.laurentian.ca/10.1046/j.1360-0443.2002.00159.x

McMahon, T. J., Winkel, J. D., & Rounsaville, B. J. (2008). Drug abuse and responsible fathering: A comparative study of men enrolled in methadone maintenance treatment. *Addiction*, 103(2), 269-283. doi: http://dx.doi.org.librweb.laurentian.ca/10.1111/j.1360-0443.2007.02075.x

Meadows, S. O., McLanahan, S. S., & Brooks-Gunn, J. (2007).Parental depression and anxiety and early childhood behavior problems across family types. *Journal of Marriage and Family, 69*(5), 1162-1177. doi: http://dx.doi.org/10.1111/j.1741-3737.2007.00439.x

Mental Health Commission of Canada (2012). Changing directions, changing lives: The mental health strategy for Canada. Retrieved from: http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf

Middleton, M., Scott, S. L., & Renk, K. (2009). Parental depression, parenting behaviours, and behaviour problems in young children. *Infant & Child Development, 18*(4), 323-336. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=2010366129&site=ehost-live

Moller-Leimkuhler, A. M. (2002). Barriers to help-seeking by men: a review of the sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71, 1-9.

Montgomery, P., Brown, S. A., & Forchuk, C. (2011). Social determinants of health and health outcomes in men and fathers with mental health issues. *Social Work in Mental Health, 9*(2), 73-91. doi: http://dx.doi.org/10.1080/15332985.2010.522927

Morgan, P. T., Desai, R. A., & Potenza, M. N. (2010). Gender-related influences of parental alcoholism on the prevalence of psychiatric illnesses: Analysis of the national epidemiologic survey on alcohol and related conditions. *Alcoholism: Clinical and Experimental Research*, 34(10), 1759-1767.

Murray, L., Woolgar, M., Martins, C., Christaki, A., Hipwell, A., & Cooper, P. (2006). Conversations around homework: Links to parental mental health, family characteristics and child psychological functioning. *British Journal of Developmental Psychology*, 24, 125-149.

Neuendorf, K. A. (2002). *The content analysis guidebook*. Thousand Oaks, CA.: Sage.

Nicholson, J., Nason, M. W., Calabresi, A. O., & Yando, R. (1999). Fathers with severe mental illness: Characteristics and comparisons. *The American Journal of Orthopsychiatry, 69*(1), 134-141.

Nicholson, J., & Blanch, A. (1994). Rehabilitation for parenting roles for people with serious mental illness. *Psychosocial Rehabilitation Journal*, 18(1), 109-119.

Olds, D. L., Kitzman, H. J., Cole, R. E., Hanks, C. A., Arcoleo, K. J., Anson, E. A.,…Stevenson, A. J. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending – follow up of a randomized trial among children at age 12. *Archives of Pediatric and Adolescent Medicine*, 164(5), 419-424.

Ontario Ministry of Health and Long-Term Care (1999). Making it happen: Implementation plan for mental health reform. Toronto, ON: Author.

Palkovitz, R. (2013). Gendered parenting's implications for children's well-being: Theory and research in applied perspective. In Wilcox W. B., & Kline, K. K. (Eds.).*Gender and parenthood: Biological and social scientific perspectives* (pp. 215-248).Columbia University Press.

Papp, L. M., Cummings, E.M., & Goeke-Morey, M. (2005). Parental psychological distress, parent-child relationship qualities, and child adjustment: Direct, mediating, and reciprocal pathways. *Parenting: Science & Practice*, 5(3), 259-283.

Paterson, B. (2013) Metasynthesis. In Beck, C. T. (Ed.) *Routledge international handbook of qualitative nursing research.* New York, New York: Routledge, p. 331-346.

Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *JAMA: Journal of the American Medical Association, 303*(19), 1961-1969. doi: http://dx.doi.org/10.1001/jama.2010.605

Pihkala, H., & Johasson, E. E. (2008). Longing and fearing for dialogue with children: Depressed parents' way into Beardslee's preventive family intervention. *Nord Journal of Psychiatry*, 62(5), 399-404.

Plante, K., Byne, L., Barkla, J., McLean, D., Hearle, J., & McGrath, J. (2002). Parents with psychosis: A pilot study examining self-report measures related to family

functioning. *Australian e-Journal for the Advancement of Mental Health*, 1(1), 2-11.

Prodinger, B. & Magalhaes, L. (2010). Work related rehabilitation: Review of research published in the journal of Work. *Work*, 35, 301-318.

Ramchandani, P., & Psychogiou, L. (2009). Paternal psychiatric disorders and children's psychosocial development. *The Lancet, 374*(9690), 646-53.

Reeb, B. T., Conger, K. J., & Martin, M. J. (2013). Perceived economic strain exacerbates the effect of paternal depressed mood on hostility. *Journal of Family Psychology*, 27(2), 263-270.

Reeb, B. T., Conger, K. J., & Wu, E. Y. (2010). Paternal depressive symptoms and adolescent functioning: The moderating effect of gender and father hostility. *Fathering, 8*(1), 131-142. doi: http://dx.doi.org/10.3149/fth.0801.131

Reupert, A., & Maybery, D. (2009). Fathers' experience of parenting with a mental illness. *Families in Society, 90*(1), 61-68.

Roberts, G. W., Irvine, F. E., Tranter, S., & Spencer, L. H. (2010). Identifying priorities for establishing bilingual provision in nursing education: A scoping study. *Nurse Education Today*, 30(7), 623-30.

Roy, K. M., Kwon, Y. I. (2007). Qualitative insights and methodological challenges: Next steps in research on low-income fathering. *Applied Developmental Science*, 11(4), 234-238.

Saini, M. & Shlonsky, A. (2012). *Systematic synthesis of qualitative research.* Oxford, UK: Oxford University Press.

Sandelowski, M., & Barroso, J. (2007).*Handbook for synthesizing qualitative research*. New York, NY: Springer.

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *ActaPaediatrica, 97*(2), 153-158. doi: 10.1111/j.1651-2227.2007.00572.x

Schacht, P. M., Cummings, E. M., & Davies, P. T. (2009). Fathering in family context and child adjustment: A longitudinal analysis. *Journal of Family Psychology,* 23(6), 790-797.

Schindler, H. S., & Coley, R. L. (2007). A qualitative study of homeless fathers: Exploring parenting and gender role transitions. *Family Relations, 56*(1), 40-51.

Sinkewicz, M., & Lee, R. (2011). Prevalence, comorbidity, and course of depression among black fathers in the United States. *Research on Social Work Practice, 21*(3), 289-297. doi: http://dx.doi.org/10.1177/1049731510386497

Smith, M. (2004). Parental mental health: Disruptions to parenting and outcomes for children. *Child and Family Social Work, 9,* 3-11.

Spector, A. Z. (2006). Fatherhood and depression: A review of risks, effects, and clinical application. *Issues in Mental Health Nursing, 27*(8), 867-883. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=2009302847&site=ehost-live

Stover, C. S., Urdahl, A., & Easton, C. (2012). Depression as a mediator of the association between substance abuse and negative parenting of fathers. *The American Journal of Drug and Alcohol Abuse, 38*(4), 344-349. doi: http://dx.doi.org/10.3109/00952990.2011.649221

Stallard, P., Norman, P., Huline-Dickens, S., Salter, E., & Cribb, J. (2004). The effects of parental mental illness upon children: A descriptive study of the views of parents and children. *Clinical Child Psychology and Psychiatry,* 9(1), 39-52.

Statistics Canada (2011). Portrait of families and living arrangements in Canada. Retrieved from: http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011001-eng.cfm#a1

Stover, C. S., Urdahl, A., & Easton, C. (2012).Depression as a mediator of the association between substance abuse and negative parenting of fathers. *The American Journal of Drug and Alcohol Abuse, 38*(4), 344-349. doi: http://dx.doi.org/10.3109/00952990.2011.649221

Styron, T. H., Pruett, M. K., McMahon, T. J., & Davidson, L. (2002). Fathers with serious mental illnesses: A neglected group. *Psychiatric Rehabilitation Journal, 25*(3), 215-222.

Thomas, L., & Kalucy, R. (2003). Parents with mental illness: Lacking motivation to parent. *International Journal of Mental Health Nursing*, 12, 153-157.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences, 15,* 398-405.

Wade, T. J., Veldhuizen, S., & Cairney, J. (2011). Prevalence of psychiatric disorder in lone fathers and mothers: Examining the intersection of gender and family structure on mental health. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie, 56*(9), 567-573.

Webb, R. T., Abel, K. M., Pickles, A. R., Appleby, L., King-Hele, S. A., & Mortenson, P. B. (2006). Mortality risk among offspring of psychiatric inpatients: A population-based follow-up to early adulthood. *The American Journal of Psychiatry, 163*(12), 2170-7.

Wee, K. Y., Skouteris, H., Pier, C., Richardson, B., & Milgrom, J. (2011).Correlates of ante- and postnatal depression in fathers: A systematic review. *Journal of Affective Disorders*, 130(3), 358-377.

Weitoft, G. R., Burstrom, B., & Rosen, M. (2004). Premature mortality among lone fathers and childless men. *Social Sciences & Medicine*, 59, 1449-1459.

Wilcox, W. B., & Kline, K. K. (Eds., 2013). *Gender and parenthood: Biological and social scientific perspectives*. New York, NY: Columbia University Press.

World Health Organization (2010). International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010. Retrieved from: http://apps.who.int/classifications/icd10/browse/2010/en#/V

Yoshida, T. Taga, C., Matsumoto, Y., & Fukui, K. (2005). Paternal overprotection in obsessive-compulsive disorder and depression with obsessive traits. *Psychiatry and Clinical Neurosciences*, 59(5), 533-538.